Deconstructing Child Youth Care: an autoethnographic exploration of physical restraints in children's residential settings

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Abstract

This thesis is written through the front-line perspective of a child/youth worker who has experienced 'rupture' in her personal understanding of the Child Youth Care (CYC) practice. Using a collection of personal journal entries written about her individual experiences of CYC education, mentorship/training, front-line residential practice and frequently used interventions, this thesis takes the reader (and the writer) on a discovery of prominent discourses that exist within the residential CYC profession.

By focusing on the use of physical restraints on children by residential Child/Youth Workers (CYWs), this research project utilizes Deconstructive Discourse Analysis (DDA) and Liberation Psychologies to illustrate a critical examination of the impact of power-knowledge and scientific/medical discourses on CYWs capacity to engage in relational CYC practice. By focusing on Foucault's concepts of disciplinary power, binary division and theory of panopticism, the writer seeks to explore a personal reflection and comprehension of how power is used to assert control over children/youth through mental health treatment and physical interventions. Using reflexivity and critical analysis of CYC practices, the investigation begins to question the direct impact of physical restraints on CYW/child relationships, as well as on perceptions of perpetrating violence through commonly accepted residential interventions.

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CHAPTER ONE: LITERATURE REVIEW

Child and Youth Care (CYC) workers practice in various institutions, shelters, organizations, psychiatric hospitals, correctional facilities, private or public sector, and in community based or group-care programs (Krueger, 1991; 2005). Although many Child and Youth Workers (CYWs) share similar interests and passions, there are differences in how child and youth work is executed on the front line. What is therapeutic CYC practice? There are diverse theories and pedagogies that can answer this question, which at times can be confusing for a CYW. There have been different ways of understanding CYC practice, and attempts have been made to try and understand the experiences shared between CYC practitioners and children (Krueger, 2005). Krueger explains that "[t]he general purpose of youth work is to develop relationships with and promote the development of youth during activities such as recreation, civic job, and daily living activities" (p. 21).

Some of the new proposed ways of doing CYC work are described as not simply being a role-model to children/youth or as using behaviour modification strategies to socialize children/youth into a 'correct' way of being, but rather using relational approaches to show respect (Phelan, 2014). CYC practitioners have been moving away from using a developmental approach to youth work and using a relational approach to address how they interact, understand and support children/youth (Phelan, 2014). Regardless of the environment within which the CYC worker practices, at some point during regular day-to-day activities they will be faced with a crisis situation that will call into question elements of safety and control. At these times, the CYW must rely on their knowledge, experience and intuition in knowing how to best respond. During those moments, crisis intervention approaches may range from least to most intrusive and

the choice of action will be based on which theoretical approaches, the practitioner utilizes to inform their response/action. To further understand the CYC profession and the theoretical influences that guide interventions, this chapter will explore literature pertaining to understanding views on the use of physical interventions on children/youth by CYWs in residential settings.

Relational Child Youth Care

Children who have experienced life in psychiatric settings and restraints saw the staff as people of power who exercise it through the use of force (Mohr, Mahone & Noone 1998). It is then confusing for a CYW practicing in the field to navigate through the field within which there are various different beliefs on the use of physical containments. Relational Child and Youth Care then becomes another venue of understanding the CYC practice that gives another viewpoint/perspective on the purpose of CYC. Krueger (2005) argues that "[y]outh work is a process of human interaction that is like an improvised modern dance" (p. 22). The connections/interactions within a relationship can never be replicated nor practiced ahead of time. These moments of connection shape how a child experiences adults and how they will experience future life events (Krueger, 2005). During this dance, workers strive to be present and synchronized with the youth to support their growth, build trust, belonging and make meaning of the interaction (Garfat, 2009; Krueger, 2005). According to Krueger (2007) "the goal is to create as many moments of connection, discovery and empowerment as possible, because these moments change youth's stories and fuel their development" (p. 41). When this is accomplished and youth are able to have this experience, they tend to lead fulfilled lives in the future, as their new stories support their positive skill development.

Krueger (2007) holds that there are various aspects of youth work that require consideration because it:

> is portrayed as an interpersonal (among human beings), inter-subjective (with different viewpoints and feelings), contextual (each person, situation and environment unique) process that occurs in the lived experience, or as it is sometimes referred to as daily living environment, the community, the streets. (p. 40)

Child and Youth Care practice is embedded in providing young people with a different life experience through the daily interactions with the CYC practitioners to give opportunities to practice new ways of thinking, feeling and experiencing the world (Garfat, 2009; Garfat & Fulcher, 2011). In this view of CYC, the relationship and the interactions are the intervention (Garfat & Fulcher, 2011); therefore the CYW must then be constantly aware, and reflective of their practice to ensure that the relationship or interactions maintain the elements of safety and trust necessary for maintenance of their position of trust and ability to promote change (Garfat, 2009), while creating moments for discovery and empowerment (Krueger, 2005). Garfat and Fulcher (2011) have also argued that:

> Relational Child and Youth Care practice in which the focus of attention is directed towards the in-between between us' or as it is reframed here, the co-created space between us. It is about the co-created space between us, that CYC practitioner remains attentive to the mutuality of the relationship, recognizing that both parties to the relationship create and are influenced by it. (p. 8)

According to post-modern story based theories, workers and youth grow together through their shared experiences and interactions within their culture/community/family environments (Krueger, 2007). The narrative and story they create from these connections is generated from

the way they interpret and give meaning to those experiences. Every single moment and interactions the child/youth and worker encounter becomes part of a larger narrative that continues to evolve (Krueger, 2007). The role of the worker then is focused on ensuring that those moments, connections and interactions will become part of the child/youth's growing story are positive and the child is able to draw on these positive experiences as form of learning. Krueger (2007) refers to work as a "way of being" that supports the child's view of themselves (p. 55). He further adds that two main competencies of child/youth work are empathy and listening, as they are skills necessary for a worker to express their genuine curiosity and desire to understand children/youth's stories and reciprocate validation of their being heard.

CYC work occurs in "life-space" of the child/youth rather than from behind a desk or other artificial environments (Phelan, 2014). The worker becomes involved in the daily life events of the child/youth, within which there is a genuine opportunity to express nurturing, care, and emotional connection. This is done through meaningful interactions that can be often described as 'hanging-out' (Phelan, 2014; Garfat, 2012). In life-space work the term 'client' is not applicable, "because it puts up an artificial barrier between people that creates an arm's length view of the other person and denies the mutuality inherent in how CYC practice occurs" (Phelan, 2014, p. 84). CYWs join children/youth and their families in the everyday life situations and event, where a unique relationship builds and is co-created. Krueger (2007) contends that:

CYC practitioners work from a relational practice to meet people where they are emotionally, physically, spiritually and cognitively. The work is not about changing people to ensure that they are more adapted into the status quo or society's expectations of what is desired as 'normal'. Rather it is connecting in a way that expresses genuine interest, curiosity and

compassion that demonstrates the greatest support and care. Skott-Myhre and Skott-Myhre (2010) write that, "Working with people is something that we indeed do with them, not because they need to change or we need to change them, but because the world needs to change and we need to join together with young people to change it" (p. 46).

From the perspective of a CYW, relational practice is sensible, realistic and can manifest as a natural process within interactions and relationships; however, these ideas contradict with the need to manage behaviour or utilize physical restraints. How do restraints then impact the relationship between CYW and child, if they are perceived by the child as re-traumatizing? There are serious implications for the narrative story that the child/youth create through their interactions and connections with the worker, especially if the containment(s) are recalled as negative, violent, intrusive and/or re-traumatizing. If some children/youth experience feelings of shame, anger, guilt or fear after physical containment by a CYW, then CYWs need to question whether those emotions will become a part of their concept and view of themselves in the present or in the future. Furthermore, during crisis situations, how does physical containment fit into the 'life space' work? Should a CYW avoid restraints at all costs in order to preserve the relationship, but risk the child experiencing harm? Further investigation into how CYWs navigate through the various discourses that influence the practice is necessary, and most importantly regarding navigating the expectations, policies and interventions that are in conflict with one another.

Developmental Lens and CYC Work

CYC practice does not fall solely into the realm of relational work, but rather it is also practiced through a developmental lens, within which the primary focus of the CYW role is to

promote behavioural modification (Gharabaghi, 2014). Developmental theories are taught through academic institutions and training as a means to learn how to assess children (Stuart, 2014), gauging where the child fits within the "normal" standards of psycho-socio-emotional development (Phelan, 2014). This way of viewing children/youth creates a spectrum of deviance from the normal standards, and ultimately focuses on the deficits and problems that move the child/youth away from what would be considered "appropriate" (Phelan, 2014; Stuart, 2014). Developmental theories have also guided CYWs into learning and applying knowledge pertaining to developmental psychopathology to understand mental health disorders, as well as learning the concepts of learning theory that are based on reinforcements and punishments to learn new behaviour (Stuart, 2014).

The goal of the CYC practitioners within this approach becomes teaching the "correct way to function, based on age and socially appropriate behavioural model" (Phelan, 2014, p. 82). This is often done through the use of a system focused on rewards and consequences, which Gharabaghi (2014) refers to a "simple, common-sense, three-variable formula" (p.7) that breaks down as: *Desirable behaviour = rewards (good behaviour) + punishment (bad behaviour).* The purpose of youth work becomes fixed as a mechanism to promote desirable behaviour through a series of rules, consequences and rewards, ultimately seeking compliance and conformity from the children/youth (Gharabaghi, 2014). Furthermore, CYC practitioners are not only trained in this approach through professional schooling and mentorship, but are also expected to know this form of control and behaviour change techniques by employers (whether agency, school board, treatment facility, shelters, in-patient units, etc.) (Gharabaghi, 2014). Specific rules, consequences and rewards can be extensive, but many of them are more

commonly used within residential care facilities, such as Early Bed Times (EBTs), Off-Program, or loss of privileges.

Some of these tools are often used as forms of threat to elicit the expected or desired behaviour and appear to lack common-sense in the reasoning regarding how they are supportive in understanding the child/youth's cause for the behaviour in the first place. Gharabaghi (2010), discusses a tool used to generate obedience and less aggressive behaviours through a plan devised by CYW/child in the form of a contract. This contract then becomes a part of the child's treatment plan and is imposed when the child does something wrong. The child/youth ultimately signs the contract as an agreement not to engage in a particular behaviour in the future, or else, if they do, they agree to the consequences being enforced. What makes this plan insensible is that "…the context of your behaviour this time is completely different from last time" (Gharabaghi, 2010, p 1). Behaviour contracts are irrelevant because behaviour will never be exactly the same, but this mode of contract assumes that behaviour is deliberate and premeditated by youth, when it is a natural response to situational factors, stressors, people and events. Ultimately, the behaviour of children/youth needs to be addressed from a more relational and deeper level for it to be understood with compassion, respect and curiosity. Skott-Myhre and Skott-Myhre (2010) hold that

> the adoption of developmental frameworks from psychology as foundational to the field of child and youth care practice may well interfere substantially with the phenomenological desire of the field to have genuine encounters with young people. (p. 43)

By applying developmental psychopathology, learning theories and behaviour modification strategies, it is easy to lose sight of the real living person who has dreams, feelings,

desires and thoughts. It becomes easy to absent-mindedly omit the impact of interactions and connections on staff/child relationship and the impact of those interactions on the child's self-perception and future decisions. Although this approach has been heavily criticized by prominent figures in the CYC field and front-line practitioners, the behavioural approaches care of children in residential settings is still prevalent.

Relational Response to Developmental CYC Approach

CYC professionals and educators who have had a strong guiding force within relational youth work express that developmental approaches in youth care work are ineffective CYC practice (Krueger, 2005). Children in our society have been "treated too much like commodities and outcomes, and less and less emphasis is being placed on relationships and the lived experience of adolescence, and more on how we can turn youth into employees" (p. 159). According to Skott-Myhre (2005), programs that have potential for revolutionary CYC work have become modes of controlling youth through labelling, diagnosing and treating by CYC .professionals with a goal to create conformed, obedient middle-class citizens within the global capital. "Current youth work dilemmas are often framed as concerns about how to best to discipline young people" in order to properly socialize them by creating environments that are focused on making changes to adapt to "proper social codes", rather than allowing for a natural course of maturation and growth (Skott-Myhre, 2008, p. 126). Skott-Myhre also writes that:

> Youth becomes an observable object in dialectical process of development that is hinged on the relationship of resistance or assimilation to the dominant structures of modernist knowledge or capitalist development. (p. 125)

Through these constructs of youth's role in our society and form of CYC practice, the opportunity to create opportunities to enhance child/youths' voice is lost, along with curiosity and knowledge of youth culture (Skott-Myhre, 2008). Revolutionary youth work allows for a remedy for this form of youth oppression as it does not accept the dominant definitions and constructs of young people, and instead brings adults/youth together to create a united force to challenge common political views and dominant system of control and governance (Skott-Myhre & Skott-Myhre, 2010; Skott-Myhre, 2008). Stuart (2014) addresses that the CYC field enters a space of a "resistance movement that brings to the forefront of society the impact of cuts on the lives of young people and families" (p. 76). She goes on to say that the CYC practice has undergone many changes to be recognized as a profession; however it is the new generation of professionals that have an opportunity to "revolutionize our profession", as they are "connected and accepting of diverse ways of being" (p. 76).

Realizing the full potential of revolutionary youth work and relational practice in highly structured institutional settings where children/youth live is a slow process; however, some agencies have begun to address this by introducing "learning organizations and participative management", where it is required that CYW, child, youth and parent participate together to increase productivity and growth (Krueger, 2005, p. 161). Treatment plans are not passed down from the top (clinical professionals), but rather they are a team effort where there is a collaborative effort to design plans, programs and activities together. This form of support for families is a contrast from the notion that CYWs are experts and within a discipline that has been created to enforce programs that are designed to modify behaviour to fit into the 'normal' parameters of societal expectations. Working together becomes a form of relationship and connection with one another that fosters mutual respect. Gharabaghi (2014) has written that

"Many workers, and especially those with more experience, recognize that behavioural change cannot be the sole purpose of their practice, largely because such change is often superficial and thus not sustainable beyond the external controls imposed by the program" (p. 8). Behaviour modification strategies are forms of ineffective interventions for children/youth after their discharge from the superficially structured so-called 'living environments'.

Phelan (2014) proposes that effective CYC practice needs to apply both developmental and relational lenses. In the last 15 years, "the focus has shifted from the youth to the professional practitioner and his need to be able to join people in dark and fearful world views, then to support them to safely move toward a more satisfying destination" (Phelan, 2014, p. 98). The concepts of being reflective and reflexive become a strong focal point for the worker, as a means to continue to check and asses their way of being with youth that does not create power imbalances.

Physical Restraints – Managing Safety

Steckley (2012) defines physical restraint as "an intervention in which staff hold a child to restrict his or her movement and should only be used to prevent harm" (p. 541). Physical restraints may need to be used in situations where there is risk of imminent harm and are a last resort to ensure safety (Mohr & Anderson, 2001; Parris, 2010; Steckley, 2010). However, Steckley (2012) uses therapeutic containment theory to demonstrate that some youth have may use physical restraint to meet their needs for touch. She states that "physical touch and holding are central to early experiences of containment" (p. 551). Containment theory states that in the early years of life, the caregivers responded to the needs of the infant (cries due to anger, hunger, fear, confusion) by containing the child in order to manage the child's emotions (p. 538).

Steckly argues that the need for containment is lifelong, with its highest peaks during the early years; however if this need is not met, then it may continue to be high in later years of life. Experiences of containment involve touch through interactions during soothing, feeding and holding, and have been "linked to physical, emotional, and cognitive development, as well as the more specific areas of attachment, self-esteem and the ability to manage stress" (p. 540).

The concept of containment was devised by Wilfred Bion (1962), where it acts as a modifier of unmanageable feelings and emotions through the use of therapeutic relationships. CYW staff can "serve to hold or contain the uncontainable feelings for the young person and through mirroring them back in more manageable form, help the young person to gradually learn to understand and contain them" (Steckley, 2012, p. 539). After exploring views and experiences of young people and staff who experienced physical containments in residential care, Steckley found that some young people expressed positive emotions, including feeling cared for and safety during physical intervention to stop aggressive behaviour. Additionally, one third of staff members in her study were able to discuss situations where they perceived the young person to be deliberately seeking to be physically contained by staff as a form of looking for touch (Steckley, 2010). By exploring containment theory and the need for regulation child/youth's emotions, feelings and behaviour, it appears that physical containments can at times serve a primitive purpose in restoring the need for safety, touch and control. Although it is used as a last resort, it also indicates that some clients purposefully behave in such a way to lead to a physical containment that meets their needs.

One of the main tasks and expectations of many residential CYC practitioners is the notion that he/she will be trained in a physical restraint technique (such as UMAB[1], TCI[2] or CPI[3]

[1] UMAB – Understanding and Managing Aggressive Behaviour
[2] TCI – Therapeutic Crisis Intervention

to name a few). Behaviour management of modification plays a significant role in the life of a CYC practitioners' work in group home care, as is often compulsory by agencies and regularly reflected on in their policies and mandates (Phelan, 2014). The main reason for the need of restraints is to ensure safety, and stop behaviour that is endangering, and may be perceived as needing external control for it to stop (Phelan, 2014). Creating a safe environment can foster an environment within which support, connection and relationship can develop. Phelan (2014) argues that, "the use of external control to create safety also creates an imbalance in the helping transaction, which is not useful" (p. 83), especially since restraining techniques can ultimately create the adverse effect, and lead to increased anxiety, worry, fear and hypervigilance – ultimately challenging the element of safety.

The Challenges of Physical Restraints

Contrarily, Mohr and Anderson (2001) describe a physical containment as a form of "take down" which is "a highly emotional, volatile event for patients and staff" (p. 142). Although it is meant to prevent injury for the child by themselves, a peer, or to staff members, in actuality the "take down" is chaotic, with children struggling, cursing, crying and staff directing the child to "calm down" (Mohr & Anderson, 2001). Children themselves have reported feeling angry, fearful and confused during restraints (Mohr & Anderson, 2001). In addition to the trigger of an emotional reaction, the child/youth also experiences a physiological response during the hold. There is "the threat of being taken down by five or more people that initiates the fight-or-flight response, which elevates the heart rate and blood pressure, and readies the child's muscles for action" (p. 142). During physical restraints, "the body releases cortisol, a naturally occurring hormone, in response to perceived danger…[and] research suggests that high and

[3] CPI – Crisis Prevention Institute

persistent levels of cortisol can result in certain brain changes that may adversely affect future functioning" (p. 142). Mohr and Anderson also have studied how

> [r]esearch conducted with children who have been neglected, abused, or otherwise traumatized suggests that the cortisol system can go awry when repeatedly stimulated over time, causing a cortisol imbalance in the brain…Recent studies demonstrate that excess cortisol is neurotoxic and leads to damage in the hippocampus, causing memory lapses, anxiety, and an inability to control emotional outbursts. (p. 142).

To further address the physiological and neurological changes within the body, the work of Perry (1997; 2000; 2008) is becoming more commonly used to understand the child/youth's behaviour through a neurodevelopmental lens. This theory applied within CYC is often referred to as 'Trauma Informed Practice'. Perry's work seeks to answer the impact of traumatic events on the young brain. The core belief of this theory is that trauma can affect how the young brain makes connections during rapid times of growth during early stages of life (ages 0-3) that affect basic regulation. The main areas of the brain that experience damage are referred to as the "primitive parts" that later in life are responsible for social-emotional-intellectual maturation. The main part of the brain structure that becomes affected is the limbic structure, which is responsible for how the child/youth processes information to predict danger and ability to control arousal of anxiety. Children/youth then who have underdeveloped limbic brain systems due to past traumatic events, struggle to regulate their responses to situations that they perceive as threatening and unsafe.

Furthermore, according to Perry's (1997; 2000; 2008) work, when children struggle with how to process situations of danger, they may experience fears that are related to a primitive way of functioning, such as needs for emotional and physical affection. The primitive brain is

particularly set to deal with ‘safety’, and if it experiences trauma or dangerous events at early stages of maturation, it codes the information as ‘threatening’ and the child then later responds to situations with a fight or flight responses. If the trauma occurs before the child possesses verbal competencies, information that becomes coded as ‘dangerous’ is then associated through other sensual experiences, such as light, tone of voice, sounds, or smells.

According to trauma theories (Perry, 1997; 2000; 2008), children can experience disturbing thoughts and emotions, such as flashbacks, sleep disturbances or nightmares, or have aggressive responses to triggers that the brain perceives as a treat. They experience states of hyper-arousal as a mechanism to ensure their safety as they require constant hypervigilance to scan the environment for threats. Because the brain struggles to properly perceive danger, it refers back to its memories and recollections to filter through information.

If someone experiences fear, the natural reaction for anyone is to react with a fight or flight response in order to seek control (Phelan, 20104). Staff who perceive the child’s behaviour as aggressive may be quick to regain control of the situation, as a means to ensure their own safety or safety of others. The use of physical restraints to manage the situation becomes the most forceful and intrusive way of achieving this outcome. Consequently, when children are triggered by situational factors that increase their anxiety and fear will also respond in a fight or flight response. If the child/youth that experiences upset or anger, their natural response to an approaching adult may be to either run away from or fight them. Children will often take off from the group home to run, where for some program it mandates a physical containment in order to bring them back safely onto premises. Inevitably, running away leads to physical containment of the body and the fear is then perpetuated as they are being chased by an adult who has permission to immobilize them. If the child responds with a fight response as a

form of defense (such as increased aggression that becomes specifically targeted towards objects or people), the outcome of this choice also often ends with a physical restraint. When a crisis situation arises, the child/youth's responses of fight or flight as means to regain control can both easily end with them being overpowered by an adult CYW.

According to this point of view on restraints, it appears that the effects can be quite damaging to the emotional and physical well-being of a child. Being in a state of fluctuating cortisol levels can have long term effects on the brain, but, furthermore, the emotional response of fearfulness of the caregiver can have significant and damaging effects on the therapeutic relationship between the CYW and the child. In one study conducted on hospital patients, some participants reported that being restrained brought back for them past trauma of abuse and violence (Bonner, Lowe, Racliffe, & Wellman, 2002). Restraints can evoke a range of various emotions, but most distressing is the risk of reigniting memories of trauma. Children in residential care are already hypervigilant and the act of holding by an adult can lead to re-triggering (Parris, 2010), especially if there is an element of fear related to the act of restraining, which can also further escalate a crisis situations (Bonner et al., 2002).

According to Parris (2010), it is a myth that physical restraints hold therapeutic value, and the act of holding is at times provoked and desired by children. She defines therapeutic holding as

> an adult physically holding a child for therapeutic benefit including comforting hugs that child seeks out, playfully holding a child to stimulate the improvement of emotional bonds, holding an out of control child until he calms down and provoking a child into an angry outburst and restraining him until he acquiesces to the adult wishes. (Parris, 2010, p. 4)

However, touch can be re-traumatizing (Bonner et al., 2002; Parris, 2010), so one must be cautious of how it is used and in what context. "Touch that youth and children find therapeutic is the warm and fuzzy kind, the hugs the pats on the back, the painting of fingernails and the combing of hair" (Parris, 2010, p. 5) and the value of touch is lost in physical restraining. If children are using physical containments in order to receive touch or feel closeness from their caregivers, then CYWs are not fulfilling an important role of their job (Parris, 2010).

Children who are already considered to be at high-risk and have a variety of stressful factors in their lives can have further exacerbated effects on their psyche when repeatedly exposed to restraints by adults (Mohr, 2001). Experiencing adults taking over control "may further prove to children that they are unable to control themselves and need external resources to help them gain and maintain self-control" (p. 149). Mohr, Mahone and Noone (1998) also inquired into the therapeutic value of physical containments. According to Mohr et al.'s study on former child psychiatric patients, children lacked understanding about why punishments were being implemented and how they were helpful.

Although there is the belief that the use of a physical intervention is effective, the effectiveness of the restraint is temporary and in the immediate moment to prevent harm and stop the negative behaviour (Mohr & Anderson, 2001). In fact, children who experienced punitive behaviours tend to have an increase in negative behaviour (Mohr & Anderson, 2001). CYWs who are trained in crisis intervention are regularly reminded that they are only used as a form of last resort; however what occurs before the aggressive blowout holds a significant amount of contextual awareness, as the aggressive behaviour may have been prevented through alternate intervention, thus avoiding the need for physical containment. Some clients/residents have

reported that they felt misunderstood by the staff and that their warning signs or feelings were not recognized or responded to prior to their outburst (Bonner et al., 2002).

Most crisis intervention methods include a debrief or form of processing that should occur with the client in the aftermath of such an incident, yet in Bonner et al.'s (2002) study debriefing, was patchy and variable in quality. When debriefing and processing lacks quality, then misunderstanding and miscommunication may reoccur, which can increase the likelihood for reoccurring escalations, crisis and need for physical restraint. Watkins and Shulman (2008) stated, "Historical, cultural and political contexts may press powerful ideologies upon the potential perpetrator that instigate, sustain and justify violence" (p. 81). Are CYC professionals who have and are actively engaging in the practice of restraints actually perpetrators of violence within residential centres, many of whom are unaware or unable to recognize their role?

Physical restraints are viewed by some as not having therapeutic value, but instead the potential to re-traumatize child/youth clients, and interfere with building effective therapeutic relationships between CYWs. When a child lives in an environment where they continue to be hyper-vigilant and fearful of their caregivers can lead to potential damaging effects on the child's emotional and physiological health. Furthermore, physical restraints can re-inforce a child/youth's perception of certain situations as being threatening and perpetuate the cycle of mistrusting adults' ability to keep them safe.

Physical Restraints/Containment: Power & Control

Although restraints are not meant to be perceived as a form of punishment, most residential settings for children and adolescents utilize the principles of behaviour modification with the purpose of controlling children through the use of consequences (Mohr & Anderson,

2001; Gharabaghi, 2014). As such, "Punishment constitutes infliction of pain, an aversive stimulus or consequence, or painful confinement of a person as a penalty for an offense" (Mohr & Anderson, 2001, p. 146). Physical containments are generally used to prevent harm, but also to prevent property damage and leaving the premises without permission, and ultimately being used as a form of control by staff members over the client population. "In the absence of control, such programs often appear very chaotic and one gets the sense that the people working there don't know what they are doing" (Gharabaghi, 2011, p.138); therefore, the use of restraints is used to ensure safety, but also as an attempt to maintain order and predictability, and to reduce the feeling of lacking control by staff.

Some CYWs have entered the role of an adviser or expert on child/youth behaviour and it is their responsibility to inform how one should intervene to respond to undesirable behaviours, for they are the ones who ultimately hold the power to control the child/youth. This is a result of scientific discourses that have arisen and given workers in the mental health field credibility and power over those who do not fit within what is defined as "normal" (Foucault, 1995). The creation of various "disciplines" is what Foucault believes to be technologies of power. Through these technologies of power, "binary division" and "branding" occurs in order to then manage individuals. What is classified as 'normal/abnormal', what is deemed 'dangerous/harmless' is determined by the power experts and the how they are to be treated or corrected (Foucault, 1995). Foucault states that the body is "an object and target of power" and can be "manipulated, shaped, trained to obey…" (Foucault, 1995, p.136). Therefore when the body does not conform to the norms, it is then subject to punishment and segregation (Foucault, 1995).

Within the field of social sciences, CYC practice can be seen as a "discipline" that reproduces power imbalances through supervision and management of children and youth who

are labelled as abnormal. CYC workers who utilize a developmental lens to their approach with youth/children, are viewed within this culture as "experts" in the field, and from this position are assumed to know what the youth needs to look like in order to be adequately socialized into the "normal" expectations of someone their age (Phelan, 2014). They are then assigned the task of "treating" them by correcting or fixing their behaviour through the use of consequences and punishment, but more significantly is their ability to exercise control (Foucault 1995; Phelan 2014). Skott-Myhre and Skott-Myhre (2010), reference Basaglia's term "social technicians" as those "workers who identify their interests with that of the dominant society, who see their role as disciplining or containing subjects as deviants" (p. 46). CYC professionals who practice from the developmental approach hold sway over members of the public who are trained to enforce branding children/youth through perpetuating negative childhood discourses and continuing to create binary-division of 'normal/abnormal' and utilizing power/control as form of enforcement for compliance and subordinance into mainstream ideologies of what is appropriate.

CYC practitioners hold a role of power and responsibility for teaching children/youth how to be well-adapted members of society by enforcing discipline and expecting respect for authorities through submission (Skott-Myhre, 2008). Children and youth who do not follow the rules and expectations assigned upon them are subject to practices such as removal from home or school and placements in hospital or residential settings where there is high level of supervision and normalization of behaviour management practices like physical restraints/containments. Watkins and Shulman (2008) argue that "[o]ften those different are derogated as 'inferior' and thus worthy of exclusion and ill treatment" (p. 165). What isn't often spoken about on the front-lines of residential care are the notions of client children being the "inferior other" that is open to exploitation and ill treatment because of the unspoken power imbalance between staff and client.

Phelan (2014) points out that, when considering CYC professionals, "Power and control are major dynamics in the connections we create with others, and safety and trust are constantly on the mind of both people in the helping process" (p. 90). CYC professionals require a lot of self-awareness and the power discourses to be able to practice relational work. The worker holds a position that encompasses power within the interactions and lives of young people. Furthermore, during moments of fear, it becomes a normal response from CYC practitioners to become reactive and utilize power as a mean to restore control (Phelan, 2014).

Relational practice also suggests that CYWs should believe that youth/children are their own experts about their lives rather than the CYW (Phelan, 2014). There is value in looking further into power-imbalances and power-knowledge discourses to gain a greater understanding of its implications on CYC practice.

Psychologies of Liberation

Liberation psychology's key task is "to analyze how people defend or break with old dominant ideas and find a language for new ones" (Watkins & Shulman, 2008, pp. 133-134). Liberation psychology can be very useful when engaging CYC practice on a professional and personal level. When one experiences 'a rupture', which is "a happening that challenges all of ones capacity to make sense of life" (p. 134), it allows the individual to step back and take a critical approach to their own being within the world. By engaging in the vast knowledge and information on CYC practice, the information can be confusing and overwhelming, but one can then emerge from the experience with new views and ideas for the future (Watkins & Shulman, 2008).

The Rupture

My personal experience with rupture, took place while engaging in Watkins and Shulman's (2008) text "Towards Psychologies of Liberation." During the course of reading, I have found myself analyzing my practice and way of being as a professional in the CYC world. For the first time, I was seeing things from a fresh new perspective and finding a new way of understanding – ultimately developing a more critical and creative consciousness. I was no longer just a regular CYW; I was evolving into a critically engaged, reflexive and reflective practitioner. My rupture may not have happened through a defining moment or event, but it was rather a slow progression while reading and reflecting on my CYW existence. I become lost in the ideologies and new concepts. My experience was comparable to that of "The Neverending Story"[4], in which a fantastical tale was being experienced in reality by a child reader. As unbelievable as the story was becoming for the child, he was unable to put the book away, because he was now part of the story itself and had a significant role in its ending. I too, felt that my life was forever changing by experiencing critical theory and liberation psychology, and living the words on paper in my reality and translating them into analysis of the present. The process took me on a journey of disidentification and deconstruction of Child and Youth Care.

Disidentification

At times, as my new awareness came into consciousness, I felt lost and confused by the possibilities of this new being. I was descending into what Watkins and Shulman (2008) described as 'chaos of knowledge' (p.83). As I read I become more lost in the web of knowledge, not knowing which new string to pull and what it would unravel. And like the child in "The

[4] The Neverending Story - a German fantasy novel by Michael Ende first published in 1979 that was later adapted into an English language film in 1984.

Neverending Story", I was unable to put down "Towards Psychologies of Liberation", instead it made me wonder how this new consciousness will unfold and impact my future within the field of CYC. Everything I thought I knew about interventions from years of formal CYC education, mentorship and front line work, came into question. Everything I thought I knew, I no longer thought I knew, and a new way of knowing and understanding was unfolding.

Identity is a process not a product; "initially children do not manufacture their identities as much as they receive them, finding themselves in the eyes of those around them" (Watkins & Shulman, 2008, p. 163). What I thought it meant to be a CYW was now open to subjectivity and who I thought I was as a CYW was no longer true. I thought of myself as well versed in developmental theories and strong in clinical skills, with an ability to build healthy relationships with those around me (all previously seen as positive traits in my former understanding of the practice). Instead, I was now questioning the negative impact of developmental theories, what it means to be clinical versus a constructed knower and how fixed identities open polarized thinking of self and "other" (the inferior) (Watkins & Shulman, 2008). These authors were showing me that "Once departing from false universals, unconscious identification with dominant ideologies, and fixed schemas of development, an interior sense of self that finds alternative orientation becomes possible" (p. 158). Perhaps through the use of critical theory, one can break down and deconstruct the existent ideologies and re-construct new meaning and understanding of CYC practice, which can help lead to authentic relationships and empowerment of children/youth.

Physical Restraining and CYC as Perpetrators of Violence

Any child and youth care worker who has stepped foot in a residential program for children is familiar with the practice of physical restraints. As staff, we are educated in the purpose of containments, trained in how to perform them without injury to clients, and are also reminded that it is policy and requirement to be certified in some form of restraining in order to maintain our employment. Staff attend long days of training that include education on theories of aggression, verbal de-escalation techniques and of course, the physical steps of approaching and holding a child who is at risk of harming self or others (or who may have already performed the harming act). Physical restraints are presented as a very normal expectation of residential life. But how are physical containments different from an act of violence toward another person? At what point in time were CYWs convinced that putting hands on a child to immobilize them and use force to stop an aggressive behaviour or for the purpose of "emotional release" is a healthy act? Watkins and Shulman (2008) state, "Historical, cultural and political contexts may press powerful ideologies upon the potential perpetrator that instigate, sustain and justify violence" (p. 81). I began to question, "Are we as professionals actively engaging in the practice of restraints perpetrating violence within residential centres?"

Doubling, Disavowal and Derealization

To further understand the concept of 'perpetration of violence', Watkins and Shulman (2008) explain the notion of *doubling*, "a form of dissociation…where one part of oneself becomes hidden, abandoned, and no longer responsive to the environment" (p. 84). *Doubling* oneself allows enough detachment from one's prior self to be able to minimize psychological discomfort and responsibility about actions and thoughts that would otherwise be prohibited by it (Watkins & Shulman, 2008). The process of *doubling* protects one from feeling of guilt

associated with the violation of the ethical principles one was originally committing by oppressing thoughts associated with the offending identity and instead focusing on a second identity that interprets those acts through a different lens. Could it be possible that CYWs are experiencing 'doubling' and are oblivious to a 'self' engaging in acts of perpetration of violence during physical interventions?

Experiencing *disavowal* is explained as when one "backs away from one's own perceptions, feelings and the process of giving meaning to them, further reducing one's humanity" (Watkins and Shulman, 2008, p. 85) and *derealization* as "a psychic numbing, a diminished capacity or inclination to feel" (Watkins and Shulman, 2008, p. 85) which ultimately blur the line that stands between CYWs from engaging in questionable conduct by carrying such a heavy unconscious emotional burden, one who is engaged in doubling, disavowal and derealization is prone to experiencing burnout. Dealing with lived contradictions on a deep, under the surface level can take an emotional toll on an individual who is engaging in tasks that limit empathic responses and reflections. Zimbardo describes burnout as:

> Feelings of being overextended and depleted of emotional resources (emotional exhaustion); a negative, cynical or detached response to other people and the job (depersonalization); and a decline in feelings of productivity at work (a sense of ineffectiveness and failures (as cited in Watkins & Shulman, 2008, p. 91).

Suppressing unconscious and genuine response to feelings and thoughts about physical containments can cause significant stress on an individual who is expected to continue their performance.

CYWs are described and understood as 'helpers'; practitioners who are experts in working with children; people in the field to perform "good" and support positive change in the

lives of children. Could this identity be allowing for a detachment from the performed act of violence? CYWs who engage in physical containments become a lived contradiction. After all, they are in this field to do "good" in the world, to form relationships, to care and nurture the physical and social development of children and are known to have children's best interests in mind. Yet residential workers are expected to engage in acts that may be interpreted as unpleasant and associated with negative feelings in the aftermath. Is it possible that CYWs pay an emotional toll of burnout from their jobs due to the emotional suppression of feelings due to doubling, disavowal and derealization because they experience a numbness and become jaded by the work that simply becomes "just another day on the job"?

Concluding Thoughts: Need for CYC Exploration

Navigating CYC practice can be confusing for a front line practitioner, in particular when trying to understand where one belongs within the tensions of developmental interventions and relational practice. Relational CYC practice is based on the understanding that the staff and child are mutually connected through their interactions and relating, and the premise is to establish trusting and safe relationships that promote positive change. At the same time, there are expectations placed on the CYWs by agencies and organizations within which they work, to perform physical containments to ensure safety of the client or other residents, in situations where risk is imminent. The CYW must then become a decision-maker and be responsible for analyzing a situation to determine if and/or when to intervene by physically holding and immobilizing a child. However, some children experience containments as traumatizing or re-traumatizing, therefore this form of intervention conflicts with the basic premises of relational child and youth care. Not only is the child and youth care worker required to ensure physical

safety, but he/she is faced with a decision to engage in an act that may cause emotional harm and damage the connection/relationship with the child/youth. What further complicates the CYW's decision on how to respond are power discourses that exist between child/staff and staff/agency. This context serves to further exacerbate and challenge the use of physical restraints in order to maintain structure, discipline and order.

In addition, through the developmental theories the CYW is seen as an expert over the child/youth's own thoughts/behaviours and emotions which further complicates the relationship through the creation of power-imbalances. Skott-Myhre and Skott- Myhre (2010) allude to the struggle of having "genuine encounters with young people if you feel that you can interpret their behaviour through a lens of superior expertise", which can be quite problematic (p. 43). It is this notion of superiority that creates a separation between CYW and child/youth and promotes power/knowledge discourses within the practice.

Who is the driving force behind this profession? If I am the new generation of CYC practitioner that has the potential to create revolutionary work, how does one go about creating this change? More importantly, how does a CYW seek to make sense and meaning of their role within society, the tasks that are expected of them, all the while being ethical and true to their values? In order to gain further understanding and gain answers to these questions, this thesis will explore the use of physical interventions and the discourses that guide this practice in the CYC practice within residential settings for children and youth.

CHAPTER TWO: METHODOLOGY

This thesis project will use a qualitative research method to investigate the use of physical restraints on children in residential settings from the standpoint of a residential CYW. To achieve this, I will be employing autoethnography as my mode of inquiry and using Deconstructive Discourse Analysis (DDA) to analyze and interpret my results.

Autoethnography

Ellis, Adams and Bochner (2011) define autoethnography as "an approach to research and writing that seeks to describe and systematically analyze (graphy) personal experience (auto) in order to understand cultural experience (ethno)" (p. 1). The research dives into the author's personal knowledge with the purpose of allowing the reader to become familiar with the writer's culture and way of being. The purpose is to produce

> meaningful, accessible, and evocative research grounded in personal experience, research that would sensitize readers to issues of identity politics, to experiences shrouded in silence, and to forms of representation that deepen our capacity to empathize with people who are different from us. (p. 2)

This approach to research helps the writer understand who they are, as well as who they portray themselves as and how they are perceived by others (Ellis et al, 2011). In essence, the process of writing an authoethnography and the final product can be seen as therapeutic for both the researcher and his/her audience (Ellis et al, 2011).

Autoethnographic writing guides the author to explore a greater understanding of their relationships with others, raises their consciousness, promotes cultural change, and gives way to

a new voice that otherwise may not have existed before engaging in this process (Ellis et al., 2011). "Reflexive ethnography documents ways a researcher changed as a result of doing fieldwork" (Ellis et al., 2011, p.4). This method of self-reflection[5] and reflexivity[6] allows for opportunities to deconstruct discourses that the author becomes aware of through the process of writing and analyzing. It enables the author to face inconsistencies and struggles relating to subject positions, as well as discourses of power, gender and class (Steinberg, 2012) and become open for a discussion on how this revelation has impacted them directly.

This method of inquiry will allow me to depict my personal memories and recollections, and to think critically about my participation in the use of physical restraints as a CYW. By demonstrating reflexivity I will gain a deeper understanding and meaning of how my choices, actions and interventions, enforced, sustained or created the power/knowledge discourses existent in CYC practice. Secondly, this research project will allow me to use self-reflection to explore my feelings of confusion about the various definitions of CYC practice, and challenge how I think about CYC, ultimately assisting me in creating a comprehensive understanding of the field and the need/use of physical intervention on children in residential care. Through the use of autoethnography, I will not only be sharing an extension of my CYC self, but also be undergoing a self-evaluation and liberation from the constructs of discourses that guide residential CYC practice, that will trigger critical thinking about how I am in relationship with children/youth and what it means for me to do relational CYC.

Readers become an active participant in the autoethnography, as through their engagement with the text they become part of 'witnessing', which is "the ability for readers to observe and consequently better testify on behalf of an event, problem or experience" (Ellis et

[5] Reflexivity – process of understanding of how "I" impact the CYC practice and those others within the system.
[6] Self-examination – process of self-reflection to understand my own feelings, personal thoughts, my values and beliefs.

al., 2011, p. 5). Readers become conscious of a cultural phenomenon of which they had no or limited awareness, ultimately challenging their way of thinking about the systems they thought they knew, but also to generating an opportunity to challenge how we think, engage in relationships and live and create meaningful change (Jones, Adams & Ellis 2013; Ellis et al., 2011). For other readers, an autoethnography may create a validation of what they already knew and felt, and create a space where they are able to relate to the writer's narrative, and become inspired to impact change (Ellis et al., 2011).

The writer of an autoethnography can give voice to people who have been silenced, or had limited opportunities to share their story. This way, the author not only creates exposure, but also acknowledges the stories and lives of others who may not have had a chance to tell these narratives themselves. The purpose of autoethnography is to navigate feelings and uncertainties from the position of an insider's personal knowledge and experience in order to comprehend the meaning behind those experiences (Jones et al., 2013) and then share those outcomes with others to foster greater awareness and change. According to Bochner (2012), for this type of inquiry to be meaningful, the writings then "needs to attract, awaken, and arouse" (p. 158) the reader, as well as invite them into the author's narrative dialogue[7] with incidents, memories, feelings, and contradictions. To accomplish this outcome, I will use a narrative to share my lived experience and take the reader along on a journey of my interpretation and comprehension of physical interventions with children/youth.

Autoethnography is not only a product, but also a process that engages the readers and the researcher in a relational approach to understanding cultural, political, social events, and phenomenon, as well as common values and beliefs (Ellis et al., 2011). Ellis et al. argue that

[7] Narrative Dialogue – a method used by writer to communicate with the readers/audience. Conveying information by sharing reflections, insights, thoughts, etc.

autoethnography "is more than a methodology to research, but simultaneously it exists as the research project in itself" (p. 2).

The Process of Autoethnography

Autoethnography combines features of autobiography and ethnography (Ellis et al., 2011). The recollections of the past are not written for the sole purpose of reliving the events, but rather they are epiphanies using hindsight that have significantly impacted the course of life for the writer (Ellis et al., 2011). The writer must illustrate more than just a story, but rather insights and new perspectives that are drawn from using theoretical perspectives to analyze their life experiences (Ellis et al., 2011). An autoethnographic writer must use forms of 'telling' and 'showing' in their writing to engage the readers. The 'telling' strategy, "provides the readers some distance from the events described so that they might think about the events in a more abstract way" (p. 3). However, in order to make an autoethnography engaging and allow for the reader to connect on a deeper emotional level, the writer must also use techniques of 'showing', "which are designed to bring readers into the scene, particularly into thoughts, emotions and actions in order to experience the experiences" (p. 2). By using both techniques in an autoethnography, the researcher then is able to tell a story that evokes critical thinking, as well as an emotionally rich experience for the reader.

Possible Challenges of Autoethnography

One of the possible challenges that can be encountered when writing an autoethnography are relational issues; this entails the implications of writing about people with whom the writer works and/or lives as depicted within the writing (Ellis, et al., 2011). Since the identity of the

writer is available and exposed, it can become difficult to conceal the identity of the people or agencies which the author may be directly or indirectly including in their writing. It becomes a challenge for the author to ensure that they are not disclosing or violating ethical considerations, all the while creating an engaging and evocative narrative that involves elements of "telling" and "showing". When the autoethnographer describes an event that involves his/her family such as in the text *Writing the Family* (2012), the stories shared with the readers about their family members consequently leave the subjects exposed to the readers. Ellis (2011) recommends changing names of individuals, cities and other identifying information as necessary in order to protect the subjects as much as possible. Relational issues "must be kept uppermost in their minds throughout the research and writing process" (Ellis et al., 2011, p. 7). It is a consideration that I must be aware and conscious of throughout my writing in order to ensure that my narrative stories'[8] descriptive nature does not break the confidentiality of children/youth and their families, nor that they illuminate the personal lives of those with whom I have worked. Through the process of "showing", I must be aware of how I am depicting individuals in order to not implicate anyone and violate relational ethics.

The credibility of autoethnography has also come into question, specifically surrounding the issues of validity and generalizability. Steinberg (2012) comments that "[o]ne aspect of promoting credibility in qualitative research is describing the history/experiences of the researcher such that he or she is viewed as a capable researcher" (p. xviii). To answer these queries, Ellis and Bochner (2000) describe validity in context of autoethnography as whether "our work seeks verisimilitude; it evokes in readers a feeling that the experience described is lifelike, believable, and possible" (p. 751). Ethnographers judge validity by how the text

[8] Narrative Stories – a tool used by writer to support method of narrative dialogue. Capturing specific moments in time and relaying them to a reader in story format. This thesis uses personal Journal Entries to deliver those stories.

connects with the readers: does it enhance someone's life or improve communication with someone that is from a different culture or group? (Ellis & Bochner 2000; Ellis et al., 2011). Likewise in the collection of autoethnographic stories in *Writing the Family* (2012), validity was directed at creating "a document that will resonate with, and hopefully inspire others people in their work with families or in their own personal experience of their family" (p. xix) Within my own research project, the goal will be to illustrate the life of a residential CYW, and offer illumination of some of the issues that affect the day-to-day practice, such as physical restraints. To demonstrate validity, the project ultimately should affect the life (lives) of either the readers or my own, and ultimately affect some form of change.

To address the issue of generalizability, the question asked surrounds the notion of whether or not the author was able to clearly inform the reader of an unfamiliar cultural process, people and/or their lives through narrating their experience (Ellis et al., 2011; Ellis & Bochner, 2000). Ellis and Bochner go on to ask, "Does the work have 'naturalistic generalization', meaning that it brings 'felt' news from one world to another and provides opportunities for the reader to have vicarious experience of the things told?" (p. 751). The author/researcher's goal is not to make generalizations about a given populations, but rather to involve the reader into creating their own generalizations (Steinberg, 2012). Ellis & Bochner (2000) state that "the story often focuses on a single case and thus breaches the traditional concerns of research from generalization across cases to generalization within a case" (p.744).

Memory is also imperfect and it is impossible to recall the exact words and events that happened (Ellis et al., 2011; Ellis & Bochner, 2000). Furthermore, events as depicted by the writer may not have been felt, lived nor experienced the same way by someone else who had been involved in the experience (Ellis et al., 2011). Yet, although this may be the case,

emotionally evocative events, notes and pictures can trigger partial descriptions that can then be filled in with constructed scenes to illustrate to the reader how the writer lived, felt and interpreted the portrayed events (Ellis et al., 2011; Ellis & Bochner, 2000).

Not all residential CYWs will share the same experiences, thoughts, and beliefs about physical restraints on children, yet the project is still credible, for the experiences that will be depicted, "told" and "shown" are based on events through which I have personally experienced and lived. The information that will be shared hopefully engages the readers, and allows for a moment of connection by the reader with what is said and the reader can then look at their own experiences to decide if they are able to generalize the story to what they know and lived themselves.

Why Choose Autoethnography?

Completely objective research is not achievable, as the researcher's interpretations and influence will skew the data from pure objectivity (Steinberg, 2012). Autoethnography is one of the approaches that acknowledges and accommodates subjectivity as the researcher's influence on research is present, rather than pretending or assuming they do not exist. According to postmodernist ideas, "knowledge is not something 'hidden' within individuals waiting to be 'discovered'... it is rather created by and between individuals and groups" (Steinberg, 2012, pp. xii-xiii). I am choosing to extend and share a part of my "self" with an audience by telling my CYC story. Sociologist Laurel Richardson (1990) stated, "Narrative is the best way to understand the human experience because it is the way humans understand their own lives" (as cited in Bochner, 2012, p. 155). I agree with this statement and see authoethnography as an appropriate fit for this project. The data of the research are feelings, emotions and thoughts

written by observer observing herself in her work life. The autoethnographic process involves the reader forming his/her own generalizations as they engage with the text and create new knowledge/awareness of the residential CYC culture as seen through my eyes.

Discourse Analysis

In order to critically analyze the information generated through my autoethnographic writing, this research project will also employ Deconstructive Discourse Analysis (DDA), as developed by MacLeod (2002). As I become aware of various discourses evident in the CYC practice, I will need to utilize a form of analysis that will support my reflexivity and self-awareness, but also assist in a stronger comprehension of forces that are guiding CYW interventions within a residential setting. Parker (2013) states that three basic principles will be important in the task of discursive research: 1) that we are aware of the phenomenon before research begins, 2) that a theory guides the researcher, 3) and that reflexivity is embedded within the research to illustrate the researcher's subjectivity.

I have been made aware of the existence of physical restraints at the onset of my Child/Youth Care (CYC) education and preliminary stages of my practice. They were an overt phenomenon that was indoctrinated into the essence of my CYC experience, yet despite their prevalence they seemed incongruent with the principles of relational CYC practice. Therefore, the issue of physical intervention has existed before the creation of this research project, and it was not until becoming familiar with liberation psychologies (Watkins & Shulman, 2008) and Foucault's (1995) theories that this project began to take form.

MacLeod's (2002) DDA, is embedded in the work of Foucault, where the focus of analysis are practices that are made acceptable. MacLeod argues that "[a]nalyzing 'regimes of

practice' involves analyzing their prescriptive effects regarding action (which Foucault calls 'effects of jurisdiction' and their codifying effects concerning the known 'effects of veridiction')" (p. 20). MacLeod (2002) ultimately states that deconstruction's main focus lies in 'dominance', 'contradiction', and 'difference', which is situated in power/knowledge discourses. Deconstruction, a term created by Jacques Derrida, refers "to an analytical strategy in which unquestioned philosophical assumptions on which the text is based – often inherited and accepted binary oppositions - are exposed and presented as artificial" (Fuery & Mansfield, 2000, p. 206). It displaces and disrupts a system of hierarchy (Stocker, 2006).

Parker (1992) defines discourse as "a system of statements which construct an object" (p. 5). He then illuminates criteria (system of statements) "that should be used to identify our object, to enable us to engage with in, and in, discourse analysis" (p. 5). Therefore, to understand the use of physical restraints on residential child clients, I will use Parker's seven basic criteria for distinguishing discourses. In this way, a discourse is: realized in text; is about objects; contains subjects; is a coherent system of meanings; refers to other discourses; reflects on its own way of speaking; and is historically located. This differentiation of discourses is completed to distinguish the discourses that are existent within the residential CYC practice. "Discourses do not simply describe the social world, but categorize it, they bring phenomenon into sight" (Parker, 1990, p. 189). They bring forward things that are not visible or seen, but once they are identified they become known as truths that are created through the use of language and power (Parker, 1990). The deconstructive discourse analysis will find the discourses that dictate truths and ideologies about CYC interventions, and break them down to understand the impacts of power within children's residential settings.

Steps of Action - Procedure

Following MacLeod's (2002) deconstructive discourse method, one of my first steps was to collect data for my research. I have done this by selecting ten written journals which I have written about my CYC training and front-line practice. These texts have served as tools to share the narrative stories of my personal experiences, thoughts and events during my front-line work in residential treatment settings for children and youth and my education journey. MacLeod (2002) holds that selection of texts should be based on "theoretical principles, purpose and relevance" (p. 21), and ought to ensure diversity in order to avoid homogenization.

To trigger my thoughts and memories, I have reviewed pieces of written work/assignments/projects that have been created over different periods of my professional career (entry level college student, professional practitioner, and graduate level academic writing). The objects I have collected during my education and front line-practice will serve as my artifacts to jog memory and generate my journal entries. Some of these artifacts included: photographs, college assignments, professional career portfolio, College Student Placement Manual, evaluation letters from practicum supervisors, my past university papers/thesis projects. After selecting these different artifacts, I have then journaled a personal reflection on each of them to bring into light front-line CYC knowledge and experience. These journals have brought forth my personal memories which I used as narrative stories to support my autoethnographic writing of 'showing' and 'telling'.

As part of my analysis, I have then coded each journal entry/text by cutting them into chunks and grouping them by themes/discourses for the purpose of deconstructive discourse analysis. In order to do this, per MacLeod (2002), I have applied Parker's (1992) auxiliary criteria that state how discourses function in that they: support institutions; reproduce power

relations; and have ideological effects as part of the deconstructive process. I have also utilized Foucault's (1972; 1995; 1980) theories on discipline/punishment and power/knowledge, to further deconstruct the discourses that were distinguished from the research.

The first step of my coding was to gather my journals and color code each one based on themes that emerged during my critical re-read of them. I was looking for themes that became evident in the language (text) used about subjects and the terminology created within the CYC systems to describe various processes and the children/youth. Once I have coded the journals by relevant themes, I began to use MacLeod's criteria to understand the various discourses that emerged within the thematic groupings. I have applied Foucault's theories of power/control to tease out from the themes a deeper more critical understanding for the purpose of analysis.

Prologue: meaningful or meaningless research?

As I was preparing undertake this research project, I was naturally excited to see how it will evolve, and how it will change me in the process. What I didn't' anticipate was how quickly that excitement would be crushed by unspoken criticism. During one of my graduate student workshops, I was approached by an academic instructor (from a different discipline than mine) and asked about my research. I was ecstatic to share with her the journey I was about to embark on and glowing with confidence as I began to explain. It did not take me long to realize I was speaking to someone who did not understand the language I was using nor the context within which I was using my words. I was bombarded with follow up questions: 'What is a discourse?', followed by 'How are you collecting data?, 'Is it generalizable' and finally, 'Who does this benefit?' All worthy questions, but as I began to explain autoethnography, I started to realize I was quickly losing the interest of my audience; I was failing to be convinced that my research

had validity or meaningfulness to the Child and Youth Care field, purely because my data was not going to be embedded in statistics, nor would it involve an analysis that would produce 'black / white' results. I felt depreciated by the eye rolls, grimaces and "humfs". I felt my face grow red, as I started to feel incompetent, believing that perhaps I did not truly know what I was talking about. I had to immediately reframe my emotions and mentally go back to my methodology research (and the words of academic scholars of Jones, Adams, Ellis and Bochner). I started to regain my confidence – I *did* know what I was talking about, but perhaps what I was facing were different challenges in themselves. The first obstacle is the criticism and devaluation of autoethnographic work, purely because it is based on one individual's accounts vs. that of a higher sample size, second, that it's invaluable if you cannot immediately prove results and benefit upon completion, and third management of the power discourse I was experiencing - as I (a student) was attempting to convince a professor (a person with authority/position) that what I was doing was just as meaningful as a numerical or quantitative study.

Speaking from the personal experience of a Child/Youth worker who operates from a relational perspective, I am redeeming my confidence in saying that autoethnography is a meaningful approach to research, as it allows an opportunity for connection with readers on an emotional and philosophical level, that otherwise would not have been made possible if I had simply collected statistical data. I was inspired by Liberation Psychology, experienced my own personal 'rupture' in the CYC field, and ultimately set myself on this trajectory - to write this specific thesis project. One novel, one text, had inspired me to begin an exploration of physical restraints on children, and seeking to critically understand a practice I so absentmindedly performed on a routine basis. My goal for this project is not to change policies, procedures or

affect legislation, but rather to allow readers to experience and gain awareness into an issue that exists in the field of CYC, while understanding my culture from a deeper and more critical perspective, and make their own generalizations. What others chose to do with their newly obtained awareness is their choice, but hopefully it will inspire someone (anyone?) to ask more questions that foster reflection, reflexivity and re-construct new meaning that will positively impact how they work with children/youth in their care, and set their own trajectories.

CHAPTER THREE: JOURNALS

(AN EXPLORATION OF MY CHILD/YOUTH CARE JOURNEY)

In the following, I will draw from journal entries to explore my experiences as a CYW and how my experiences have shaped my practice, with an especial focus on the use of physical restraints in a CYC environment.

Education and Training

Journal 1: Strength

I am looking at a photo of myself and a child I have worked with in the early years of my practice. We are both relaxed and caught up in the moment and visibly unaware of the camera. I hold on to this photo because it was taken at the onset of my career; a year where it all began for me as a Child Youth Care Worker (CYW) and because it captures a snapshot of a moment in time where I was in my CYC element and doing more than just "hanging out" with a child; I was sharing an experience and being present with someone. We were sitting at the dining room table, which was the heart of the house. It was where we had our meals, it was where we did homework, and this was where we did arts and crafts, where meetings took place, where I wrote my daily reports at the end of the shift, where we played lengthy games of Skip-Bo - it was a place where I made connections with the kids. This table held many memories of my transition from student to paid employee; the growth that has shaped my CYC self. I am reminded of the hands-on mentorship I received, the many observations I made of my co-workers' 'style' and desperately trying to figure out what 'style' I would classify as my own. I was a sponge learning from other CYWs; learning what 'to do' as well as 'what not to do'. I was told early on in my

student practicum that if I want to be hired, I "needed to be like one of the staff". Like any student I wanted to pass my placement, and most importantly, I wanted to get hired on with the agency. I was determined to learn the way of being in the group home that would deem me 'successful'. The ability to form/build therapeutic relationships with our clients was a highly valued professional characteristic, and since I was demonstrating an ability to connect with young people I was being given feedback that I was doing well. Another area that I had to successfully complete was gaining approval from my co-workers. They would need to deem me as a reliable shift partner and ultimately feel 'confident' with being on shift with me. This meant having a shift partner who was diligent with my daily tasks, had good rapport with the kids, and was also able to maintain the safety of the house by being "strong on shift". Strong was defined as being able to show 'firmness' and assertiveness and control during times of crisis in order to ensure safety of the house while on their shift. "You were strong today, you were really good" was an example of a compliment during my end of the day feedback. I adapted a nurturing-firm approach, to bridge between enforcing rules, consequences and expectations, and relationship, creativity, curiosity and empathy. My Polaroid is a snapshot of my growth from student to staff which included a personal negotiation between demonstrating expected "strength" all the while maintaining my natural essence of how I connected with children. I had to become what was expected of me as a CYW, but struggled not to lose sight of who I was in relation with others.

Journal 2: The "Another" Other

In one of my performance reviews from my CYW student placements, I am struck by a select few words on the page that I can't seem to overlook. The evaluation includes the nature of the work I did with the five children in the 'sensitivity' program (Behavioural Classrom), and the

work I had done with "another student… who required anger management strategies, impulse control, empathy training and self-esteem". The purpose of my work with the five children and the one "another", was to support them in being re-integrated into the mainstream classroom. These sensitive individuals and the "another" were obviously demonstrating enough of their unique differences that warranted their removal from the main group, segregation and a label of "sensitive". This child who was labelled as "another student" in the groups is being identified as an "Other" within a group of Others. He is being referred to as "another student" within the group of children who are already labelled as 'behavioural'. He not only does not belong in mainstream classroom, but there seems to be an importance to stress that he doesn't seem to fit the group of children in the "sensitivity" classroom either, hence why he needs a unique individualized description of his own challenges to demonstrate the intensity of his being. The CYW stresses that I was successful working with five children in this group and *him*. He was different, more different the than the rest. His needed interventions were clearly outlined in my report, because being able to work with this "another student" seemed to be a form of accomplishment in my practicum.

Children who do not fit the 'norm' are segregated into programs that offer treatment to get them to learn how to behave as the accepted majority. The main goal is for the return to the rest of their peers (the 'mainstream' society). Some children who are removed and placed in treatment centres or classrooms do not only become the 'other' but are also prescribed a variety of clinical treatment options to remedy their 'emotional, behavioural and social' deficits (or problems). This clinical jargon produces a clear prescription of what is expected of a CYW in order to produce successful outcomes of a child/youth, and has become the standard language used within residential settings. As CYWs, we are tasked with training empathy, teaching

emotional regulation and self-esteem and doing behaviour management. Our work that is supposed to be relational in nature has been expanded to include a very specific repertoire of treatment methods as part of our job description. I realize now that my training and way of being as a CYW has been a combination of my personality, emotional gut instinct and a lot of training through mentorship, education transfer and supervision of how to 'fit' into the clinical role of a CYW. My clinical skills, strengths and abilities did not happen overnight, but rather were instilled in me over a long period of time to mold me into what would be considered a 'strong well rounded' CYW. I have become well versed in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-V) (American Psychiatric Association, 2013) jargon, learned about the treatment methods and became well informed about the collection of challenging behaviours – all for the ultimate purpose of the perpetuation of the cycle of labelling, segregating, treating and reintegrating. Within this way of practicing, I had to find room for relating and relationships with children/youth (or in clinical terms, the 'clients') who were now receiving a 'service', rather than my support. Having clinical skills came with a reward in the form of a passing grade on the transcript. I was trained to believe that being well versed in the psychiatric language and knowledge was one of the requirements of this profession. What I wasn't aware of then that I am now was how I contributed to the creation of the 'other' and in some cases 'another' within the group of 'others'.

Journal #3: Mental Disorders and Illness

Every single child with whom I have worked has been diagnosed with one of the following in their life: Oppositional Defiant Disorder (ODD), Attention Deficit Hyperactivity Disorder (ADHD), intermittent explosive disorder, suicidal ideation, attachment disorder, post-

traumatic stress disorder, eating disorder, identity, depression, bi-polar or anxiety. Children who end up in the mental health system are quickly processed to go through assessments and evaluations in order to gain a comprehension or explanation of their challenges. Often assessments that accompany a child into a group home, centre or program, come with a lengthy list of disorders listed on the first page, immediately following their name (i.e., John Smith is an eight year old boy who has been diagnosed with…). The disorders become part of their identity that is represented by a writer with the purpose of transferring their knowledge about the individual to other professionals who will be working with the child/youth, in order to give them insight into 'who they may be dealing with'. Childhood disorders and mental illness are the area where I have made my niche over the years and have become very well versed in psychiatric terminology. I have felt it was what I needed to learn and adopt in order to feel on par with other professionals in the field. And even though I practiced from a relational standpoint, I still could not avoid the need to be clinical in how I conveyed myself and spoke to others around our conference tables during multi-disciplinary meetings. I was very aware of how analysis labels a child and strongly advocated to see the unique child/youth behind the disorders with which they were identified. And although I never judge a child based on their diagnosis, I have to be transparent by saying that on a few occasions I had experienced anxiety during file reviews of a prospective new resident coming into our program. I wasn't so much afraid of them or worried about who they were, I was simply experiencing an emotion that I was conditioned to feel over the years. There is an unspoken sensation that one feels when they see a list of disorders. It is a sensation that is linked to the belief that the person coming in is going to be 'dangerous'. This person is seen as 'dis-ordered' (hence abnormal) because they have demonstrated behaviours that are difficult to control/manage (aggressive outbursts, opposition, depression or defiance), hence

the element of fear. Reading child/youth profiles before meeting the child is just about the most dangerous act in itself, for it gives a reader the preconceived notion/first impression of someone else's subjective viewpoints.

The Practice

Journal # 4: Relationships

Soon after my graduation, once the pressure of grading and evaluation no longer existed, I began to question the way CYC was commonly practiced in my experience. I enjoyed building relationships with children/youth, not because I was striving for a therapeutic bond, but simply because I genuinely enjoyed getting to know them and hearing their life story. I realized that my so-called 'style' was nurturing/relational, which I often used as a technique to support children/youth with their day-to-day decision-making. I used relationships and the relational approach to my advantage in times of crisis and in times of de-escalation of aggression. I realize now that some of my colleagues saw relational practice as a threat, being new to the field and naïve, I didn't know how to articulate nor advocate for relational practice. I decided to return to school and move out of province, ultimately leaving behind the job I so desperately had striven to successfully obtain. On my last day of work, I was told that one of the youth in the program had just found out that I was leaving and was "losing it" because no one told her. I wanted to tell her I was quitting and moving away, but was told by the clinical treatment team that it was not in her best interests to know until I had already left. I went along with their expertise and didn't prepare her for my leaving. During the last few minutes of my shift, I vividly remember her screaming out my name, calling for me over and over, and throwing items around the room. I was told to just walk out and leave, as I was being a trigger. And so I did, only to regret my lack

of confidence and ignoring my gut-instinct. I wanted to run back into the facility and hug her tightly and say 'goodbye'. I didn't sign up to be a CYW to become a callous and emotionally distant psychiatric crisis worker. I decided on this profession to support children/youth through difficult times in their lives, such as working through our separation in a respectful, honest, and empathetic way. I had failed her by severing our relationship without closure, all because I believed others knew better than I did, based on their years of experience and their title.

Journal 5: Experts

I had been working in the field for just over a year when I first crossed paths with the notion of the 'expert'. It was an evening shift, and I was told that I would need to facilitate a family session with one of our clients, her parents and sibling. Immediately upon sitting down and undertaking our brief introductions, the session turned into a chaotic composition of multiple conversations going on at once, members of the family all talking about different topics to which no one was listening. Everyone appeared tense and agitated, and the volume of the noise increased dramatically. I glanced down at my shift coordinator's prepared outline to see where I was supposed to guide the discussion – 'exploration of feelings'. It was quite apparent that our treatment plan and course of the counselling session were severely disconnected from the family. I asked everyone to just stop talking. I couldn't hear what anyone was trying to say and attempting to follow multiple conversations was painful and frustrating. I began to realize how difficult it would have been to feel heard within this family system and decided to speak to the family about communication and to break down what had just happened in that room. At the end of our session, as I was escorting the group out of the building, the father stopped and said to me "everyone tells us that we need to improve our communication, but no one told us what that

means". He went on to say that he thinks he is starting to understand, and finished "I guess this is why you are the expert". The truth was I was not the expert, they were the experts of their family, and no one could prescribe to them their treatment or tell them what they should or shouldn't be working on in their sessions. The moment that we try to tell someone what 'we' think they need to be doing, it places the workers and the family in a power imbalance. What is harder to stomach is that 'we' commonly use clinical jargon with family members and assume that they understand the message we are conveying, not realizing that using such language can actually set us apart through the creation of power imbalances within our interactions and relationships. I certainly didn't feel like an expert, if anything I was worried that I would be reprimanded by the clinical treatment team for not following our guidelines for the session. I was having feelings of inadequacy for not being able to properly maneuver the discussion in the direction that was desired. It wasn't until later in my years of practice and after many opportunities to reflect, that I realized that the most meaningful moment of that session actually happened on our way out of the building, in the hallway leading out of the centre.

Journal #6: Requirements

One of the goals, as outlined by my practicum manual, was to ensure that I was able to set limits and consequences and to deal with physically aggressive behaviour by "defending self and others from injury". Although student CYWs were not expected to restrain, they were expected to assist another staff member in restraining if they were requested to do so. I was told that part of my evaluation was to show the ability to understand consequences and maintain safety. But it also implied that putting hands on children who were posing a threat to others was part of my duty and/or was an obligation of the job. Not only was I expected to show that I

could do this, I was also being graded on how well I could perform it based on four classifications: Unsatisfactory, Satisfactory, Above Average, Excellent. My growth as a CYW became a highly structured and measurable process and it even came with a manual on how to be successful in the process. I made it my goal to learn from the CYWs in the field, and to get as many 'excellents' as possible in order to pass. I performed as I was expected to by the agencies and sought a mark of approval from college academia. My perception of what was CYW practice was limited to tick-boxes indicating level of skill in the areas of professionalism, crisis-management, therapeutic relationship building, counseling etc., which were recorded in my CYW Student Manual. I thought that getting hired by the agencies was the ultimate compliment that I was on right CYW practice track.

After graduation, the need for skill and knowledge on physical restraints continued to be confirmed. In order to be hired by any group home, treatment centre or school based program I had to be trained in a form of restraint. It was part of the agency or school policy that CYWs hold a valid certification in crisis-management techniques, and it was a hiring requirement. So I followed through with being trained in Therapeutic Crisis Management (TCI) and Understanding Managing Aggressive Behaviour (UMAB). The policies around physical intervention were strict in order to ensure that they were performed only when absolutely needed and in accordance with the government licensing regulation of the Ontario Ministry of Child and Youth Services. All staff had to be trained and annually re-certified in order to work in their establishments, and they needed to have knowledge on how to properly fill out lengthy Serious Occurrence reports after engaging in containments, which were submitted to the Ministry. Having a government body regulating the use of restraints and keeping a close eye on each child'/youths' individual restraint made me believe that restraints were a normal part of CYW existence (otherwise, wouldn't the

government oppose them?). It was ingrained in me through my mentorship, practicums, student evaluation, government licensing requirements and agency policies, that physical containment existed and it was the work of a child/youth care practitioner to be educated and trained on knowing when and how to perform them.

Journal #7: Control

I remember speaking to a friend about restraints and looking at ways of implementing hands-off policies within treatment centres. Her response took me aback when she said, "But what are you going to do instead? Aren't they dangerous?" I don't know why this shocked me, since it's not the first time I have heard someone refer to children/youth I work with as deviant, disturbed or high-risk. But her comment strongly made me think about how other individuals in the community story these children as dangerous and therefore require forceful interventions to manage them and keep them under control. One way of keeping individuals under control is to keep them away from society and our community, which is often presented to the individual as a consequence that is based on losing community privileges. Although it would be considered unprofessional for a CYC practitioner to refer to one of their children in care as deviant or crazy, it is common to hear a clinical assessment of emotionally dysregulated, dissociating and unstable, which ultimately hold the same meaning. And ultimately those labels give the workers permission to treat individuals accordingly based on various levels of safety. The higher the safety, the more privileges are warranted; the increased risk to safety means limited access to community and to others. One of the ways to implement control over individuals who are labelled as being crazy or emotionally dysregulated is to implement control.

During one of my evening shifts in one of the residential programs I was faced with a situation where one 10 year old female had become upset after a conflict with a peer, and ultimately turned over a couple of chairs in her bout of anger. As a consequence, the staff on shift had decided that, based on her behavior, she was no longer going to be permitted to go out swimming with the group later that evening. This seemed to be a natural logical consequence to some individuals, who have used this prescribed form of treatment in the past, until a few staff members on shift started to have side conversations about how it in fact did not make any sense to take away her privileges. The logic behind this thought was mainly around the fact that if we were going to treat her as if she was crazy and dangerous all the time, then she would never have opportunities to be involved in regular child community activities to support her in feeling like an average child. After all, there is an obvious reason why she was living in a residential treatment facility. She was a child who behaved in a way that was deviant from the norm, and at different times made decisions that created safety concerns. I didn't think it was right to keep her away from opportunities where she found the most solace.

Consequencing or using punishments didn't make logical sense, rather than taking things away, punishing and segregating, it made more sense to be including them, involving them and supporting them through hardships and not making them feel guilty about their imperfections. What is worst about consequencing is that consequences very rarely make sense to the children who receive them. Instead they became triggers and can quite easily escalate the situation further. On one occasion, staff were shocked and appalled when one of the residents threw a chair through the window of his bedroom. Upon asking further questions of the staff on shift, I was informed that the child was becoming disruptive to the group and was asked to remove himself and go into his room. Soon after being in his room, he threw a chair through the window

and showed increased agitation that ultimately became aggression towards staff leading into a restraint. After processing this event, the staff on shift were able to identify that separating him, and moving him away from the group rather than investigating the cause for his increased disruptive behaviour had perpetuated the violent acts. Yet, in the moment, the common response to the situation was the reactive removal from group as a consequence that had been indoctrinated into many CYWs as the appropriate intervention.

The Rupture

Journal 8: Trauma of Restraints

I walked into a room to find one of our resident children hitting one of my co-workers, who was in the process of moving into the child's space to initiate a physical hold. I had stepped in to support the containment and together with my colleague performed a series of perfectly coordinated synchronized steps to bring the child down to a suspended position over our knees. The boy continued to scream profanities, kicked with his legs, attempted to bite our hands, all the while yelling for us to let him go or else he would kill us. He wasn't responding to our verbal attempts at de-escalating him (not many individuals would at that level of heightened aggression), instead the intensity of his aggression increased. We responded by transitioning him to the floor and placed him down on the ground, according to our training. What happened next has changed me forever and will continue to resonate with me in my practice and my being. As we placed him facing down on the floor, he began to scream in a voice that was almost unrecognizable as his own. He was in sheer panic, and his yelling changed from cursing us to begging for us to release him, and negotiating "doing anything!" just to let him go. His screaming wasn't anger or pain, it was a scream of terror. I immediately instructed for my

partner to let go and I did the same, recognizing that something was happening for him that I wasn't able to explain as an aggressive outburst. We took a step back, moved away from the child, yet he continued to yell for our hands to come off his body (even though he was lying on the ground without anyone touching him). I knelt down beside him and resorted to using our relationship to help bring him back from whatever bad place he went inside his mind. "Frankie[9], it's Monika, you are at Oak Heights[10], no one is holding you, you are okay and you are safe" which I had to repeat several times. It took him a few moments to come back to me and to make eye contact, and to sit up on the floor. And as he sat up, he hugged me tightly, and I embraced him just as hard. He cried in my arms, and we just sat up against the wall holding each other. We were both traumatized by the experience of what had just happened.

Journal 9: The Unravelling of my CYC identity

Everything I thought I knew from years of formal CYC education, direct mentorship from senior CYWs, multiple clinical meetings, assessments and trainings was now being called into question and was open to challenge. Being a CYW in a residential setting automatically places staff members in a power position as the authority figure in the house. What we don't talk about on the front-lines of residential care are the ideas of client children being the "inferior others" who are open to exploitation and ill treatment because of the unspoken power imbalance between them and their staff. Although children living in residence have a right to have a role and a say in their individual treatment, in reality it is minimal and mostly superficial. Children in the house are expected to follow the rules of the program and meet the daily expectations that are set and created by the staff members in the house. It is uncomfortable to accept and hard to

[9] Frankie is a pseudonym to respect the confidentiality of the child.
[10] Oak Heights is a pseudonym for the name of the organization to respect confidentiality.

fathom that the years I have spent practicing relational CYC practice, I was doing it from a skewed perception of the authority figure and in a place of power in relation to the child. It makes me question the authenticity of my relationships with the kids I have met over the years. It makes me reflect on how our relationships functioned and the purpose of rules and expectations in the first place. Were they to benefit the children living in the house or were they to make the day-to-day life easier for the staff members working at the agency?

It is engrained in CYWs that physical restraints will occur at some point in time in their respective residential programs, and that they need to be ready and adequately trained to respond to aggression that warrants containment. However, even though we are trained, prepared, and experienced in performing restraints, there still lingers an element of anxiety within staff when entertaining the concepts of physically engaging a child during crisis. Is it the fear of injury to the staff or the child during the process that causes those unpleasant feelings/emotions? Or is it, in fact, an unconscious repression of feelings of injustice and ethical question that cause the discomfort.

Journal 10: Perpetration of Violence

Although I have heard of many of my peers doing restraints on children with whom they work, I have not yet heard of them engaging in physical containments on children within their own families during aggressive outbursts. In fact, if anything it seems an unnatural response toward someone in crisis who is at risk of potentially harming by entering and violating their personal space. So why have we justified this type of response and form of crisis intervention with children in residential care? I am curious to further explore and understand how I may have experienced 'doubling' (Watkins & Shulman, 2008) and through it have been given permission

to justify restraints as a "healthy" rather than a violent act. A child and youth worker operates from the standpoint of a helper, a practitioner who is an expert in working with children, and a person who enters the field to perform "good" and to support positive change in the lives of children. They are community helpers and often work with the most challenging children in the province. This form of professional self allows for detachment from the performed act of violence. It justifies physical restraints as something "good", something "needed" and something required by the agency; it masquerades the self that feels injustice and guilt. Yet, residential workers are expected to engage in acts of violence towards children. I can personally recall dozens of children who were placed in physical containments. Their immediate response is generally to "fight" back at the staff and very rarely (if ever), do they stop their aggression and immediately calm down. Before the child begins the calming down process, they have already had someone restricting their ability to move through a one-person, two-person or three person hold. Some holds may be minimal in nature (as in holding by the arm) and can range in intensity to most intrusive face down on the ground with staff on either side holding the child, preventing the child from being able to kick, scratch, spit, punch (although many of them continue to try and are successful in doing so). In that moment, the child who was upset is now transferring their anger and outrage towards the CYWs who, in that moment, are the ones physically holding the child and posing the greatest threat. It is often a struggle, it is often unpleasant, and it often results in a lot of sweat, tears and sometimes injury (to either person involved, CYW or child). Children will cry, scream out profanities, sometimes beg to be released, call for help, threaten staff, and the list of negative and heartbreaking responses goes on endlessly. There is nothing positive about being contained or performing containments. So why are CYWs engaging in these acts when they are meant to be supportive, relational advocates for children? How did we

become perpetrators of violence and at the same time victims to the socio-cultural, political and historical context that has given rise to practices such as restraining and the effects of "doubling".

Restraining becomes an expectation, it becomes accepted, and becomes a requirement, and all at the same time forces CYWs to engage in practice that otherwise would not be an option in any other life setting. CYWs do not enter this type of practice with the intention to experience restraints, to experience a child in pain, in crisis, and become the target of a child's aggression. From my personal experience, the CYWs I have met who enter this field of work appear to have a genuine care and hope to make a positive impact in the lives of children who have already experienced great challenges, hurt and struggles in their short lives. Based on my personal observations over the years, many staff members in residential care are placed in compromising positions, where they engage in acts that have potential to re-trigger traumatic events, reinforce a power imbalance and may damage relationships trusting relationships between child/staff. Watkins and Shulman (2008) discuss 'disavowal' as where "…one backs away from one's own perceptions, feelings and the process of giving meaning to them, further reducing one's humanity" (p. 85) and 'derealization' as "a psychic numbing, a diminished capacity or inclination to feel" which ultimately "fatally weaken the line that separates us from evil doing" (p. 85). These terms can be used to explain some of my own personal responses to events while on the front-lines of CYC practice.

Current agency and government policies permit this form of violence in residences and justify their use. Therefore CYWs are stuck in a place where they are made to believe that they are justified in engaging in physical restraints and blessed by those who hold authority to continue this practice. If those in power (those who employ you) say that this is "okay" and

permitted, staff can quickly fall into a place where their own feelings and beliefs take second seat to what the job expectations dictates. And because post-restraint feelings are unpleasant and uncomfortable to deal with, it is common that they are labelled as "just another day on the job" and disregarded, ultimately numbing the CYW enough to be able to forget the experience and not have to reflect on the act as contradictory act to the purpose of relational child/youth care.

I have become aware that I had personally experienced 'derealization' when I stopped sensing emotion after physical restraints. I no longer sensed my adrenalin rush, nor experienced shaking hands and legs during containments. I became a machine that performed the act because it was required of me, with very limited feeling of fear, anxiety, stress or worry. I appeared cool, collected and in control, which on the surface may appear as a strength in high crisis situations, but in fact it was a deficit for I suppressed emotions that were a natural reaction to situations with which I deeply did not want to be engaged.

My journey to understand the CYC practice had taken many twists and turns to comprehend the complexities of the different ideologies within our profession. As I took a closer look at my emotional well-being and the aspects of my work that became incongruent with my deeper emotional intuition, I was finally able to undertake a critical analysis of the practice. I was unsettled by physical restraints from the beginning and didn't like the notion of needing to assert myself by demonstrating my power of the children in my care. I was mostly unnerved by the possibility and notion that certain viewpoints, decisions by the 'experts' were potentially causing more harm to children/youth and families than the support they initially sought or intended to provide. I began to see myself as an agent of perpetration of violence that has been permitted to go on by the powerful systems governing the care of children/youth in our communities.

CHAPTER FOUR: ANALYSIS OF POWER THROUGH DISCOURSE

> What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. (Foucault, 1980, p. 119)

Power shapes and molds people and produces knowledge that gives certain people power to control other people in our society. Power becomes a part of history through the creation of various models within our culture, in which humans become subjects (Foucault, 2000). In the Child/Youth Care field, power can be seen in the complex network of medical, psychiatric and human social science systems. By analyzing these systems using a critical and deconstructive lens, it becomes evident that power relations emerge through the production and performance of various CYC practices and strategies. These practices are embedded within various structures and institutions that produce obedience from subjects using the realms of communication, relationships, actions and rules of conduct. Various mechanisms and practices that are put into place within institutions are designed to ensure the preservation of itself through the perpetuation of power relations (Foucault, 2000). Child and Youth Care practice has become a professional discipline within which children/youth and families become their subject of control. To further understand how CYC has become a 'practice' based on power relations, control and normalization, it is necessary to review discourses that produce this existence.

Medical & Scientific Discourses

In Foucault's "Madness and Civilization" (2004), throughout the 18th and 19th century medicine has taken a role of an administrative system within society, one which not only cured the sick, but also created relations of power. He writes, "A medico-administrative knowledge begins to develop concerning society, its health and sickness its conditions of life, housing and habits; this serves as the basic core for the social economy and sociology" (p. 100). The medical field became the provider of truths/facts encompassing how populations should conduct themselves in society, providing them information on what ought to be in their best interests and how to conduct themselves, ultimately how to manage the individual and ultimately the social body. To achieve this social body, control through medical truths and knowledge, information became available and transmitted within education, politics and the economy that were imposed and enforced within institutional settings. Power emerged as a form of truth embedded within scientific discourses that created mechanisms to enable "one to distinguish true and false statements; the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those are charged with saying what counts as true" (p. 131).

Within this medical system of conceptual truths and order, psychiatry was created to address and treat a social danger of insanity. Insanity was either "linked to living conditions or because it was perceived as a source of danger for oneself, for others, for one's contemporaries and also for one's descendants through heredity" (Foucault, 2004, p. 184). This explains why pathologification became of high importance as "it applied a new medical rationality to mental or behaviour disorders but it was also because it functioned as a sort of public hygiene" (p. 184). Hospitals became institutions tasked with making decisions and judgments on how to execute actions and methods of correction of those deemed insane. "No medical advance, no

humanitarian approach was responsible for the fact that the mad were gradually isolated, that the monotony of insanity was divided into rudimentary types" (p. 213).

Medical and scientific discourses have produced a combination of power-knowledge that was used to control those in society that were seen as dangerous or insane. They gave rise to the creation of institutions (asylums, prisons and hospitals) where individuals were given power to administer methods to address the issues of insanity or madness, but also those with behaviours that were outside of the 'norm'. Through psychiatric power, classification and normalization, binary-division and branding of individuals was created. Scientific discourses gave rise to creation of disciplines that were placed in positions of power over those individuals who did not fit the 'norm', and were tasked with the job of correcting the individual through alienation, punishment and discipline.

Child and Youth Care as a Discipline

Developmental theories are outlined in child and youth care training documents as a cornerstone of practice and theory in the field. Those preparing to become CYC practitioners are expected to know and apply a wide range of developmental theories in their professional practice with individuals, groups, families and communities to ensure that the complexities of human behaviour are accounted for (Pacini-Ketcabaw, 2011, p. 19).

In my training and education it has been engrained into my CYC existence that I must be well versed in various developmental theories, as well as a have comprehensive knowledge of psychiatric terms and language. I have taken various "abnormal psychology" courses in order to gain knowledge of mental disorders, their prevalence, classifications, onset and treatment. This form of information was to serve as an asset when working with children who were branded as

"abnormal" due to their out of the norm conduct and behaviour. I was being molded into knowing what to observe in others that would deem them as 'abnormal' and trained in forms of treatment that would address the undesirable behaviours, ultimately having the power of 'normalization'. Using the tools derived from developmental perspectives, I was able to determine the normal development of a child, identify the gaps and determine how to address the concern, with the ultimate goal of bringing the child/youth subject as close to the normal expected development as possible. Foucault (1995) comments that "[w]ithin a homogeneity that is the rule, the norm introduces, as a useful imperative and as a result of measurement, all the shading of individual differences" (p. 184). I was well informed about the various childhood disorders as outlined in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-V) (American Psychiatric Association, 2013), upon which I heavily relied to comprehend the various diagnoses that were accompanying children coming into our group home centres.

Child/youth care became a profession of discipline for me that possessed the power to brand individuals as 'normal/abnormal', 'dangerous/safe'. I was granted power based on knowledge of so-called truth stemming from the developmental models (medical, scientific, psychiatric systems). Foucault (1995) points out that "[t]he success of disciplinary power derives no doubt from the use of simple instruments; hierarchical observation, normalizing judgment and their combination in a procedure that is specific to it, the examination" (p. 170). Child/Youth care became a part of a bigger machine that produces power imbalances through creation of correct training and treatment of the "other", who had been branded as unacceptable or out of control by the outlined standards of society. I was part of a profession that was tasked with working with these others in institutional settings, where they were segregated and alienated

for treatment for their idiosyncrasies. Within these settings, workers are then viewed as experts in child/youth mental health allowing power-knowledge discourses emerge in the practices of behaviour modification and management. Foucault (2003) has described how

> [d]iscourse of discipline is about a rule …about a norm. Disciplines will define not a code of law, but a code of normalization, and they will necessarily refer to a theoretical horizon that is not the edifice of law, but the field of human sciences (with a jurisprudence of clinical knowledge) (Foucault, 2003, p. 38).

Power through Practice

In the following, I will analyze the numerous modes in which I became aware of power being exercised through practice.

Observations

One of the main aspects of a CYC practice is to ensure that a child/youth who comes into a treatment centre or group home with challenging behaviours has an opportunity for a comprehensive assessment. The goal of this assessment is to ensure that the child/youth subject receives a proper diagnosis that will not only explain or gain insight into their behaviours, but also offer a direction in terms of what treatment modalities will be necessary to address the problem. The CYCs play a significant role in this process as they are the primary individuals with whom the child/youth has the most contact. To teach CYCs how to conduct this part of their job, early on in their education, along with many others, I have been trained regarding how to make objective observations of clients that would be used in assessments and evaluations to determine the severity of their behaviours. These observations then become passed on to

clinicians (psychologist and psychiatrists), who are part of our multidisciplinary 'treatment' team, who then play a significant role in the diagnosing. CYWs became the eyes that observe and then report. The observations are captured in the daily reports that are part of the job expectation and also the Ministry licensing policies. We must write daily reports along with monthly assessments to capture as much of the child's existence on paper as possible. These reports based on our observations become the foundation for labelling children with various disorders, and ultimately branding as 'other' in comparison to the rest of the society.

Children who come into the residence with already diagnosed disorders of ODD, ADHD, conduct disorder, PTSD, attachment disorders, or others become surrounded by workers who have become known as experts of their existence, simply based on having knowledge of the disorder within which they have been classified. And if a child/youth enters the facility (institution) without a label, it is highly likely that they will leave and be discharged without possessing one. Assessments are storied to parents, community and the child/youth subject as a positive outcome of being in treatment. These assessments are expected to shine insight onto the cause of their difference, and are presented as a step in the direction of addressing the problem. CYCs play a crucial role in this form of labelling and classification of individuals as 'others'. I have been placed in the power position of 'expert' in the child mental health field and with it an enormous power-imbalance becomes created between myself and the child/youth I work with on a regular basis. I have become a knowledge keeper, and someone who is hierarchically more powerful because having this knowledge places me in a position to enforce actions that can control the child/youth actions, behaviours and life trajectories.

Assessment

I have commonly experienced an element of anxiety when reading the lengthy write-ups describing children's pathology, history and details of their dangerous behaviours. As mentioned earlier, Foucault described a fear associated with madness and the insane. Those who conduct themselves in a fashion that is out of the ordinary become dangerous and threatening when they are not in control and unpredictable. My anxiety wasn't based on a memory of an experience I shared with the child/youth in question, but rather a socially learned response to feeling anxious, nervous and a little bit fearful of a person who was being portrayed as highly dangerous. Children who appear 'scary' on paper can easily be pre-judged and blocked by others from giving them an opportunity for genuine emotional connection. Stories depicting children's behaviours are based on the writer's subjective recollection of events, as well as their relationship with the child/youth. How one feels about someone can be portrayed in writing and can be captured on paper as a form of truth about the subject. The reader of the report can be manipulated into feeling, sensing and believing what is written about the child/youth and embrace this as part of their own preconceived judgment of the child/youth, a person whom they may not have met. Workers who are reflective and relational are well aware of the traps associated with reading reports before meeting the child. Yet when a child comes into care of a group/centre, it is a common practice to give a summary of a child and their reason for entering care, (i.e., the presenting problem). And as much as one attempts to use a strengths-based approach to present a future resident to the CYW team, it is difficult to omit the main reason for their admission (which is often understood as negative).

Segregation & Treatment Goals

The presenting problem(s) is what ultimately separates the child from the rest of the society, and they become the 'other' as they are removed from their homes or their regular classrooms and enter a new real where they are told they will now need to exist. Children who struggle to fit into the typical classroom and teaching are removed and placed in special behaviour classes or 'sensitivity rooms'. Children who demonstrate behaviours that are dangerous are removed from their family or foster homes because the adults in charge of their care report, or are reported by others, as unable to take care of them (control them). Foucault (1995) elucidates how "[d]iscipline sometimes requires enclosure, the specification of a place heterogenous to all others and closed in upon itself. It is the protected place of disciplinary monotony" (p. 141). Children who are placed in institutions will go through assessments, from which will stem a series of prescribed goals. These goals will have outlined indicators of what the child/youth needs to demonstrate for the team of professionals to determine progress in their treatment. Success is measured with goals, that are relatively clear and specific in terms of what is appropriate behavior, as well as what needs to be made evident by the child/youth or family. Once these goals are accomplished, or the new behaviour is demonstrated, the treatment ceases and the child/youth is able to reintegrate back into the 'mainstream classroom' or a family setting. CYC practitioners play a crucial role in the discipline that unfolds through the treatment imposed on the child. We are responsible for providing tools, strategies and interventions to the subject, but they are also the main individuals in our care, provide observations to determine if our interventions are effective, and ultimately decide whether the subject is meeting their treatment goals. Goals that are also created in collaboration with the subject, CYC practitioners and other professionals become the pivotal point in the direction of treatment.

Residential workers have a significant amount of power over the child/youth they work with on a day-to-day basis. They are in charge of determining what is appropriate or normal behaviour based on knowledge embedded in developmental theories. They are placed in a position of power to make assessments, observations, set treatment goals and evaluate based on their observations whether the subject is responding to treatment. Residential CYWs are also responsible for implementing various mechanisms of intervention to support the desired change, which can vary based on the theoretical orientation of the worker. Some of these interventions are based on behavioural modification approaches such as: consequence/rewards systems. These systems are forms of behavioural manipulation to create a behavior that is in line and indicative of what one would want to see as an outcome of a prescribed treatment goal.

Power and Control through Discipline

> The classical age discovered the body as object and target of power…the body that is manipulated, shaped, trained, which obeys, responds, becomes skillful (Foucault, 1995, p.136).

In *Discipline and Punish* (1997), Foucault introduces the concept of docility, "a body is docile that may be subjected, used, transformed and improved" (p. 136). This is done through the coercion of activities and strict supervision and manipulation in order to get the desired compliance or behavior from an individual. This becomes a mechanism of power as "one may have a hold over other's bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency that one determines" (p. 138). Children/youth in residential facilities have become the docile bodies that are trained to practice and demonstrate acceptable behaviours. They were placed within a

system, much like a machine that was meant to produce obedient members of our future society. Similarly to residential group homes, other institutions such as schools and hospitals were engaged in a system with their own techniques to manipulate the body (and individual) to perform as per normative standards and concepts.

Physical space in residential program/group homes were broken down for easier supervision, behaviour management of individuals and groups and creating spaces to allow for isolation. Foucault describes this type of space allocation as the aim

> [t]o establish presences and absences, to know where and how to locate individuals, to set up useful communications … to be able to each moment to supervise the conduct of each individual, to asses it, to judge it, to calculate it's qualities or merits (p. 143).

In all of the facilities where I have worked, there have always been specific areas designated for eating, activities, play, as well as areas designated for segregation (for those individuals who were becoming disruptive, aggressive or defiant). Those areas of segregation were sometimes referred to as "quiet levels", "calming rooms" "calm zones" – all alluding to them being a place that was supposed to provide some tranquil atmosphere to support the child/youth with becoming less agitated and more compliant. But in reality, what those areas became were zones where children were escorted or asked to go to remove them from the group (the audience), not only to avoid a contagion effect, but also to keep hidden the most intrusive intervention that could ensue: a physical containment. Children/youth often refused to go to these areas voluntarily to calm down, and instead situations would further escalate. Sometimes the area was used as a threat, "if you do not settle down, you will need to go to the calming room". There was nothing calming about the calming room. It was often a place where I had my most unpleasant memories of violent restraints, screaming, yelling, property damage, etc. They were also the areas where

children would be expected to remain when serving their consequence of being "away from the group" or "off program". "The rule of these 'functional sites' would gradually, in the disciplinary institutions, code a space that architecture generally left at the disposal of several different uses" (Foucault, 1997 p. 143). These places were meant to provide strict supervision of individuals so as to offer a place where one could separate people to avoid dangerous situations. These spaces were put to a functional use, one that propagated power imbalances between the child/youth and the residential worker.

Interventions

While working in residential and psychiatric settings, I had the power to enforce rules, expectations of the program and daily routines as means to socialize the children in our care in learning acceptable codes of conduct and behaviour. They were expected to maintain cleanliness and order of their room, to eat nutritious meals, to be respectful of one-another and the staff members, to go to school and to settle at night in their beds without issues. Most importantly, they were there to learn alternative solutions to aggression, and to learn 'healthy' ways of coping with their emotions. Healthy were those behaviours that were opposite of aggression towards self, others or objects and were unthreatening in nature. To promote this new way of conduct, there were incentives of following the rules and routines (in the form of earning privileges) and consequences for struggling to demonstrate the desirable behaviours. This system of acceptable and unacceptable was rigorous, extensive and lengthy. It included an evaluation of the methods used, in the form of report writing and meetings/conferences to address how the subject was responding to the prescribed treatment interventions to modify or manage the behaviours, meet their goals and earn discharge from treatment.

> The keeper of madmen who has obtained domination over them, directs and rules their conduct as he pleases, he must be endowed with a firm characters, and on occasion display an imposing strength. He must threaten little but carryout out his threats and if he is disobeyed, punishment must immediately ensue (Foucault, 2004, p. 258).

Disciplining children became a form of correct training through the control of activities in order to foster normal functioning. This was one of the responsibilities of a residential worker, and to be able to do this was seen as a strength. Through training and education, I was expected to demonstrate my ability to set limits, impose consequences and follow through on them, which was tracked in a manual in the form of ticky-boxes to measure the strength of the skill (Excellent, Above Average, etc.). Furthermore, I was given my own reward for being able to conduct behaviour interventions, by receiving praise from my co-workers at the end of the shift, getting that A+ grade from the college, and securing the job I so desperately desired.

Most significant interventions that were embedded in power/control techniques were the use of consequences and rewards. Early Bed Times (EBTs) were given to children who were disruptive during evening routines, privileges were taken away, being sent away for time outs, or being placed 'off program' or 'off routine' were common. Those children who demonstrated aggression, property destruction, uttered threats or ran away were usually given the most severe consequence of being removed from the group (placed 'off program'), where they were no longer welcome to be among their peers due to the safety risks of their behaviour. Instead, they were placed on a closer watch, 1:1 supervision by staff and limited in what they were and were not allowed to do. Most often children were no longer allowed to participate in outings to the park, or outdoor play or movies with the group. Not being able to be with peers, and be part of the commonly enjoyed activities by children/youth, seemed to be the biggest deterrent of

undesired behaviour. A simple reminder of the possible consequences was at times enough to help a child 'turn-around' their behavior from the unfavorable direction it was going.

Bottom line messages were used as a language to remind children of what was expected of them: "If you continue to swear, you will no longer be allowed to join your peers for a game of Skip-Bo. I suggest you take a break and think about what you want today to look like. Remember, we are also planning on going to the park later, and we would really want you to be part of the group for that". For some children/youth that was enough to stop what they were doing and think through their options and decide it was more worth playing Skip-Bo or going to the park later on in the day, than continuing swearing. But what was ultimately happening, was the child was complying with the direction of the work, because they were presented with rewards and consequences.

What was most lost in this type of interaction with the child was the relational approach to connect with them about why they were swearing in the first place. Once behavioural techniques such as rewards/consequences were removed, the common response from staff members became, "what am I supposed to do instead?" Looking for some sort of a clear, rational, and scripted verse to use as an alternative, and not being provided with one, made staff cynical and oppositional to relational practice. After all, for many of us this form of work has been ingrained as a core aspect of child/youth work through many years of education, training and mentorship. When a child/youth was still allowed to go to the skate park, the zoo, even after they have punched a hole in the wall, staff saw that as "doing them injustice", "letting them get away with murder", and "not teaching them anything". They needed a consequence to follow the behaviour, otherwise the child/youth did not have lesson. Relational practice is alternatively not so much about the lesson, but about trying to understand where the anger came from that

warranted the punch against the wall. Being the 'someone' who listens to the hardship the child may have encountered through demonstrating genuine interest, curiosity and empathy for what they were going through in the moment, and with this type of approach, power/control are no longer the focal point of the intervention.

Panopticism

Foucault (1997) describes Panopticism as a social surveillance system, based on the concept of Bentham's model of the Panopticon (a tower in the centre of the prison positioned in such a way that all prisoners would be under constant observation, supervision and surveillance) (Shirato, Danaher & Webb, 2012). Prisoners in these styles of jails were always aware of someone's gaze and would modify or adjust their behaviour accordingly. Foucault based panopticism on the premise that subjects in disciplinary institutions are under constant observation, and so surveillance is the system in itself. "In this central tower, the director may spy on all the employees he has under his orders . . . he will be able to judge them continuously, alter their behaviour, impose upon them the methods he thinks is best; and it will even be possible to observe the director himself" (p. 204). Those in this system are under the impression that they need to adapt their behaviours and behave accordingly as they may be under the scrutiny, even if in reality no one may be present.

The theory of Panopticism can be applied to understand the system of residential treatment facilities and group homes for children/youth. Resident clients themselves can sometimes become their own watchful eyes of each other and promote the desirable behaviours through socialization of each other. I have experienced children fixate on fairness, demanding that their peers receive consequences accordingly for various faults. Staff members in such

settings will also peer-pressure each other to ensure the system continues to function by promoting "consistency or response" to child/youth behaviours. For instance, a staff member who allowed another child to go swimming after an outburst may experience the repercussions from his/her peers. We have had instances where incongruent responses (such as relational responses, rather than behaviour interventions) would be called into question during meetings or side conversation on the floor. Being singled out in front of a group based on not following the "team norms" can be shameful and humiliating in nature. These programs thrive on consistency, predictability, structure, rules and routines, this way when one veers off course it is highly evident, easily identifiable and bluntly addressed. By using the concept of Panopticism, one can gain a clearer understanding of how disciplinary discourses within residential settings perpetuate power and control.

Physical Containments

Physical containments within residential settings are the ultimate intervention to promote control and discipline over child/youth bodies. They are used only when necessary in times of imminent harm, yet the act itself is the most intrusive measure to regulate another human being. It is highly provocative, but also a form of power to create submissiveness from the subject. Although I have never heard anyone use physical restraints as a threat, the threat of the act happening exists without needing to be spoken. When children/youth come into a program and are introduced to the rules, routines and expectations, they are also informed about the staff having the option of putting hands on their bodies to immobilize them based on their best judgment of the risks to safety. The moment this form of intervention is presented to the subjects, they are immediately placed in a power-imbalance. They are told that someone else has

a right over their body and may take charge of it as necessary. This right and responsibility of the staff members falls under the pretense of protocols and policies as outlined by individual agencies and Ministry regulations. Restraints may be silently understood as threats in themselves and may desire compliance from subjects simply because they do not want to experience them. By way of contrast, restraints may also serve as a form of resistance from children/youth who when placed in restraints literally 'fight' harder to restore their sense of freedom and liberation.

> Discipline' may be identified neither with an institution nor with an 'apparatus; it is a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets; it is a 'physics' or an 'anatomy' of power, a technology (Foucault, 1995, p. 215).

The child and youth care profession has become a part of this technology of power, through the adaptation of developmental theories and process of professionalization. Within the technology of power, discourses have created ideological effects. The dominant medical/scientific discourses allow a dominant group to dictate how those who are subject as 'other' are cared for (treated) within the social norms. CYC practitioners who work in residential treatment homes or psychiatric facilities become a 'discipline' in itself to become agents of behaviour or "the means of correct training" (Foucault, 1995, p.).

CHAPTER FIVE: CONCLUSION

Child and Youth Care (CYC) professionals work with children in various settings where the use of developmental theories and relational practice can create an opposing force. Although both schools of thought seem to agree with the idea that the premise of youth work is to support and promote the development of children/youth, they do contrast in methods of how to engage in order to accomplish these efforts. Navigating the different schools of thought on what ought to be CYC work has been a very confusing and challenging process for me as a front-line residential child/youth care practitioner. Attempting to understand how relational practice fits into a system of child care framed within the developmental theories and concepts has struck me as an important area to explore in order to gain deeper critical insight into the practice. I have been driven to explore CYC practice after experiencing a personal 'rupture' (Watkins & Shulman, 2008) which embraced the realization that my use of physical restraints on children are acts that contradict the main aim of CYC practice, and severely conflict with my view of what it means to be a relational practitioner.

Steckly (2010, 2012) describes physical restraints as having potential for being positive experiences, and at times necessary form of intervention for children/youth. Aside from it being used to manage dangerous and unsafe situations, some children/youth seek out adults to support them in regulating their emotional and physical being. Children/youth look for adult staff to help them with asserting control over their bodies and use them as tools to release built up emotions. This belief has been challenged by Parris (2010), who believes that we have failed as CYC practitioners if children/youth seek out adults for closeness and safety through physical intervention. Furthermore, the adults establish a form of power over the child/youth by

depressing their own ability and regulation to have control over their own bodies. The adults are the ones who have the ability to control children to prevent and manage harm; they assert power over child bodies, ultimately limiting them to reclaim their own ability to reclaim their own self-control. Based on interviews of patients who have experienced restraints, Mohr and Anderson (2011) depict physical restraints as highly stressful, volatile and re-traumatizing. Their portrayal of restraints as possibly triggering emotional reactions and fear of the worker, has questioned the act of physical restraints as not simply being a safety mechanism but also a player in creating unsafety within staff/client relationships.

I have decided to write an autoethnography within which a collection of my journals from front-line work and CYC education could be presented as a narrative to share insider knowledge with the reader, but also to undertake my own personal reflexive journey of who I am (and who I want to be) as a CYC practitioner. By reviewing my past memories and recollections, I was able to depict recurring themes of power I have chosen to analyze by means of deconstructive discourse analysis. Breaking down power discourses is a process that has uncovered the significant impact of developmental theories, medical/scientific discourses on the field of CYC. It has become evident that my professional practice has become a discipline, not only tasked with supporting and promoting resilient children/youth, but it also plays a significant role in how children/youth are treated and cared for by others within our communities. Through various therapeutic modalities, CYC workers have become re-enforcers of a system that perpetuates power imbalances based on knowledge of the psychiatric and developmental psychology. This knowledge creates divisions between those who are classified as normal/abnormal, and the prescribed treatment of those children/youth who are identified as needing support with adapting to the mainstream social norms. Some child/youth workers engage youth on an intuitive level,

connecting with them through curiosity, respect and empathy to support positive outcomes or relationships; others may lean more towards the behavioural management methods; while another group of CYWs may employ a combination of both approaches. What appears to be true is that not all CYC practitioners are the same, nor follow the same rules. It varies in its relational potency from one agency to another, and is impacted by systems within which they exist (policies, government regulation, and cultural impact, among others).

Using Foucault's theories on power relations, I determined that power-knowledge discourses are prevalent in residential child/youth care settings and often maintained through the various interventions implemented by CYC practitioners. These interventions have been passed down to the front-line workers through formal education, front-line mentorship, and through policies and procedures that outline what is best practice. Applying the notions of power to control those in our society who are deemed dangerous or insane (classified as "others"), using behavioural management techniques and physical interventions in residential settings, can be deconstructed and analyzed to understand the treatment modalities of children/youth who do not sustain the standardized norms of development, behaviour and/or social presentation.

Residential behaviour interventions that include consequences and rewards are based on managing behaviour on a surface level in order to promote and/or sustain a behaviour that is deemed appropriate and ultimately supporting the child/youth with adapting to more normalized codes of conduct. Child/youth care practitioners are bestowed with significant power over the life trajectories of children/youth in residential settings. They are tasked with assessing children through observations to determine if they fall within the normal or abnormal developmental milestones; these observations either support already formulated psychiatric diagnosis or aid in the creation of new ones. The systems within which residential CYC workers practice are based

within an organizational structure within which children are identified with psycho-social-emotional difficulties, labelled with various mental illnesses (diagnosis) or behaviour issues, and often segregated into residential institutional settings or treatment classrooms where they are expected to work on their identified problems in order to be re-integrated back into the society (whether that means returning home or to their regular classrooms).

Within this system of treatment, child/youth care workers play a role within a social surveillance system, which Foucault (1997) describes as Panopticism. Child/youth workers become part of a technology of power (Foucault 1997) and part of a machine that regenerates itself through power-relations that are identified within practices of correct training (behavioural management) and physical control over those who have been storied or labelled as dangerous and unsafe. My personal experience of this machine began early in my formal education where I was evaluated and graded on how well I was able to enforce consequences and assert myself as a person who possessed power over others. Although power is not seen overtly, it does exist subliminally within the constructed notions of what it meant to be 'strong' on shift and its various forms of evaluation (co-worker feedback or a passing grade from college). The more developmental knowledge I acquired, I became a more desirable staff personnel to my employers. Being informed about theories on attachment, trauma, neuro-development, child development, and other mainstream theories, has served me in asserting myself as a valuable member within my multidisciplinary teams because of how my knowledge and ability to fuse well with others is facilitated by commonality in language, ideas and professional jargon. I had become a member of a dominant group that dictated practitioners on how to care for Others who challenged the societal norms of behaviour and conduct.

CHAPTER SIX: PERSONAL REFLECTION

In what follows, I will present a personal reflection on my experiences with restraints as a CYC worker and provide a concluding context for my work and realizations.

Personal Reflection on Restraints

Watkins and Shulman (2008) discuss 'cultural anamnesis', "which refers to a process of reflecting on and emotionally working through one's relationship to the past events which another" (p. 88). They describe it as a difficult process and dialogue that stems from this discussion "feels like breaking a taboo to begin questioning, recollecting and naming all that went unspoken for years" (p. 89). Through the autoethnographic process, I was able to start exploring my CYC identity in order to gain a greater understanding of power discourses within residential work. Using critical theory and breaking down the CYC practice, I was able to process my newly acquired awareness through a form of writing and sharing my revelations. I was experiencing a form of liberation from the constraints of a system that I felt indebted to; one towards which I still feel an enormous sense of pride and loyalty. Through autoethnography I experienced a sense of freedom to express what I have been sensing as a "non-fit" with my practice and unconsciously suppressing over the many years by continuing that form of practice. Through this process, I started to work through those thoughts and feelings to deconstruct restraint practices on children by myself and my fellow practitioners. I was able to delve deeper into understanding why certain interventions were making me feel uncomfortable and incongruent with my intuition, value and beliefs about children/youth.

I became mindful of limitations surrounding debrief practices of restraints by staff, which ultimately continued to silence very important critical thinking and deep personal reflections by staff members about the impact of the act on themselves and those with whom they work. Although residential staff members are expected to debrief and process the impact and effects of physical restraints after they have occurred, whether as a team or in supervision, those conversations are often very superficial in nature. They involve debriefing what contributed to the child's angry feelings by analyzing the triggers, and they involve exploration of what the staff could have done "differently". Sometimes, they include a walk-through of the physical technique that could have been utilized differently or one that could have been used more effectively. These conversation, however, do not include a debrief and a reflection on how it "doesn't fit" with the core principles and values of CYC practice. There is limited in-depth discussion on how acts of restraining cause anxiety among staff, or conversations about why some staff do not want to engage in this type of practice. Seeing apprehension and fear of restraints should not be seen weakness, but rather a natural response to a moral dilemma; one that stems from worry about its impact on the adult person and may possibly contribute to negative repercussions for the staff/child relationship or the child's overall well-being.

Instead, the limited debriefs that I have experienced, normalize the physical restraint practices. The focus in debriefs is on the antecedents that caused the child/youth's behaviour, what interventions and strategies the child/youth can use next time – all which become incorporated into the child/youth's file. Ultimately the onus of the debrief was placed on the child/youth, rather than the emotional reaction/response of the CYW. Children become the focus of expectations around responsibility for their actions and have been often asked "what they could have done differently next time" in order to avoid an outburst that would get them

involved in a containment. This form of debrief can easily contribute to a form of justification of its use, and over time has the potential to numb staff members' feelings enough for them to perform restraints again over time. Poor quality debriefs that centralize the child/youth as the focus of the conversation, minimize adult feelings of anxiety and support a less emotional future response in adults during crisis situations.

"Social capacities gradually diminish in ways that are unmarked, because the whole enterprise is covered over with silence and secrecy that itself becomes normalized" (Watkins and Shulman, 2008, p. 94). My rupture stemmed from curiosity about how physical restraints have been normalized as part of our CYC practice and how after they occur they are meant to be seen as a natural consequence for the child/youth behaviour. I started to wonder more about where this idea came from and how it was constructed to become such a commonly practiced intervention, one which seemed to be rarely reflected on from an emotional and personal standpoint of a CYC practitioner. I started to think about whether this practice was in actuality a form of perpetration of violence. I was beginning to experience an immense sense of guilt for performing restraints during which I would lack feeling or emotion (limited adrenalin rush when in high-tense crisis), mainly because I had become severely desensitized to the experience and numbed by my ability to feel and critically think about what I was doing. The fact that I was feeling guilty and uncomfortable about the idea of perpetrating violence, became an "ah ha" moment for me, during which I realized that if I truly believed restraints were a good and necessary thing, then I would not be having an uncomfortable guilty emotional response.

I started to remember what it was like for me to restrain when I first started practice, how I would be fearful of getting involved in the violent act of containment and instead would try the most creative interventions to de-escalate crisis situations. But as time progressed, and I became

more and more involved in restraints (whether needing to support a shift partner who had already moved in to contain a child or following through on a child's safety plan that scripted restraint as a necessary intervention), I started to accept them as normal and worst of all, started to lose emotional responses during and after. My numbness created a false sense of strength; co-workers would express feeling confidence with being on shift with me, because they knew I could perform restraints well (meaning performing restraints exactly to textbook training and instructions, mechanistically, limiting the possibility for injury to anyone involved), as well as my ability to keep my emotions in check. In reality, though, I was keeping my emotions so under control that I did not know how to access them later in the future to critically debrief the event from a personal relational/emotional standpoint.

The Autoethnographic Process and Outcome

This process of autoethnography took me on a journey of self-discovery that challenged the practice as well as my own sense of CYC identity. I questioned my past actions and choices and had to process a sense of guilt and responsibility associated with my involvement in physical containments on children/youth with whom I worked. Through this process I began to experience a new knowledge and awareness which I have started to adapt into my all-encompassing existence and assertive decisions which I want to practice within CYC in the future. Knowing what I have discovered about myself, I have made a conscious decision not to continue with performing hands-on interventions on children/youth.

My current struggle lies in how to manage and fit into a field with two opposing fronts – mainstream developmental theories and relational practices. I am navigating how to professionally exist within the gap and how to do so without feeling guilt or discomfort.

Relational work seems to be genuine part of me and my being, yet I have established myself as a well versed clinician within the mental health field. I am still learning how to maneuver my knowledge and practice in order to remain in the setting that is so familiar to me, and not to lose the essence of my new found awareness. At times I have felt as if though I am straddling a fence in an attempt to appease both sides of Child Youth Care Practice. Although I am challenging the developmental theories approach to our work, I cannot help feel that I am also betraying my profession. I have spent many years learning about the child/youth work which has influenced me into being the practitioner I am today. It would not come as a surprise to me if someone saw me as ungrateful and a traitor, or perhaps those are my own thoughts stemming from my unconscious. My challenge now is to figure out a creative way of co-existing with this system, and to address my feelings of disloyalty that has created and influenced me in becoming who I am today. At the same time, I must not ignore, but acknowledge the fact that I am rebelling against the CYC practice I have learned to know and becoming anew in my professional being.

Child Youth Care Liberation

"Sometimes after participating in violence, perpetrators begin to gradually question their experience" (Watkins and Shulman, 2008, p.96). Looking back at the impact of physical restraining of children cannot be understood without the voice of the children involved in those experiences. What are the necessary first steps to begin dialogue about these physical containments in residences? Watkins and Shulman (2008) speak of focusing on areas at the edge of a discipline where new conversations might develop, where "individuals have found local creative and participatory solutions to problematic conditions and institutions by transforming their relationship to self and others" (p. 16). When conversations begin to take place about

power injustices and practices that are abusive, we can then start to shift from becoming bystanders who "may have been taught that protest is ineffective, that authorities know better, that getting to the roots of unjust power is impossible, and that the systems that manufacture injustice and violence are beyond one's control" (p. 65). CYC practitioners have the potential to become 'engaged witnesses' instead, ones who then seek "to reclaim history and to look for one's place in it; it is to look forward into the future for one's own role in creating it" (p. 78). It is imperative then to start conversations even if they might challenge a normalized view of thinking and perceptions. These conversations should not only happen solely among CYWs but between all individuals within the residential community. With that said, children who currently live in residential settings, as well as former residents should be included in such discussions and be active participants in projects that seek creative solutions to harmonize living in spaces where power inequality exists. Perhaps this is where such conversations will open up possibilities for others to experience their own ruptures. "Through narratives of participation the centre of gravity shifts from fear and defensiveness to curiosity, creativity and celebration" (Watkins and Shulman, 2008, p. 147).

Is professionalization of CYC propelling our practice to be narrow-minded and rooted in individual ideology, and limiting CYC practitioners in being able to experience a new way of thinking/being and practicing with children/youth? After all, through our education curriculum we are trained to understand most up-to date theories and research, best-practice approaches which seem to be in line with the current trends that favour developmental theories. As a CYC profession we can then easily negate what Watkins and Shulman (2008) refer to as "mainstream academic marketplace" where our knowledge and training can place us at a more equal standing with other social science professionals. It seems that professionalization of CYC has played a

role in setting it up as a recognized profession through formal education that has allowed CYWs to be well versed in cognitive behaviour theories, neuroscience, as well as empirical measures and practice, and therefore letting practitioners feel more alike the other members of multi-disciplinary teams (and sense a feeling of equal importance). Watkins and Shulman (2008) state that "mainstream psychology has emerged as a search for universals, for norms of emotional life and behaviour, and for modes of treatment for individuals who deviate from these norms" (p. 4) and thus not to focus on the social issues that created the challenges and struggles faced by these communities. Opportunities for individual rupture become limited and oppressed, as those who start to sense an injustice or feelings of discomfort about areas of our practice are quickly reminded that larger systems condone them and are falsely made to think that they must then be right.

> The desire to witness emerges in strange ways. It is a healing practice that can be engaged intentionally, but it is also one that erupts spontaneously calling our attention to certain events and situations and not others. Sometimes it emerges from the center of one's concerns as a call to deepen participation. At other times something from the margin of one's awareness whispers insistently asking for our attention (Watkins and Shulman, 2008, p. 78).

Revolutionary Youth Work

I have gained a greater awareness of what it means to be part of 'revolutionary youth work'. I find myself growing beyond relational practice by entrenching into a way of being that challenges the child/youth care status-quo and the practices that are currently evident in our Canadian residential homes. I am starting to understand that going beyond advocating for

children's rights and well-being and supporting youth with expressing their agency and voice is the next necessary step. Rather than simply talking about it, I need to make shifts in making a conscious effort to no longer practice restraints and also start to think about how to create spaces for children/youth to talk about their own personal experiences with residential care. It is part of being a very loud voice that is comprised by children, youth and CYCs together as one (Krueger, 2007; Skott-Myhre, 2008).

Most psychology is assumed to help individuals and families adapt to the status quo, which is done through individual treatment. Watkins and Shulman (2008) speak of focusing on areas at the edge of a discipline where new conversations might develop, where "individuals have found local creative and participatory solutions to problematic conditions and institutions by transforming their relationship to self and others" (p.47). I believe that CYWs have an enormous potential to be that creative force and to create a practice where we are more than bystanders or observers of behavior, but employ our specialization to forge a space for new ways of working, and co-creating, rather than being experts, in order to strengthen our communities together with our children, youth and families. When a person is placed in being a co-participant we then begin to eliminate (or try to) positions of power and our own individualistic needs. Instead, we become co-creaters, but more importantly the community itself works at implementing changes and sustaining them in the future. "The identity of the youth worker is comprised of these intersecting discourses that affect their descriptions of themselves, their roles, and how they come to understand their relationship to the youth they serve" (Skott-Myhre, 2008, p. 125). Through this process, I have come to understand that professional identity and being does not exist in isolation, but rather in a relation to the children/youth with whom I work.

Revolutionary child/youth work is not about being a part of a community of professionals to whom I need to assert myself as knowledgeable, but rather about finding opportunities where I can align myself with the children and youth to impact a change within the larger systems of care. I do not believe that CYC professionals need to assert themselves as well-versed in developmental theories and clinical practice for others to value us and our work. Instead, I believe that revolutionary child/youth work is a challenge to those CYWs who act as victims within a system; those look for a sense of entitlement from others for the work they do with what they call "the most difficult to serve populations". The moment that they position themselves as victims within the system, they automatically demonize the children/youth with whom they work. Those who say they go to work "to get beaten up" and have to use restraints story the children with whom we work as deviants that need to be dealt with accordingly. I experience great strength and empowerment from Krueger's (2007) writing, "we did not see ourselves as an oppressed class but rather revolutionaries who were going to change… the youth work world" (p. 59). I see this as a powerful message that needs to be shared with others who find themselves in the confusing system of residential child/youth care, and are searching for a safe space for dialogue about creative alternatives to violent hands-on practices/interventions to control children/youth in residential programs.

Curiosities and Further Need for Exploration

After concluding my writing and reflections on the process, I am left with many more questions and curiosities which I would like to explore. I am curious about the personal experiences of children and youth who have experienced restraints and their impressions of how this may or may not have affected their relationships with the CYW staff. I would like to know

more about how children/youth feel and what they think about the use of physical interventions in residential settings. I would like to become more informed about how they have narrated their residential experience, and would like to explore in greater depth their lived experiences of being in residential treatment. Being in a relationship is not a one-directional process; therefore, I believe there is significant value in exploring physical restraints, as well as other residential interventions from the perspectives of child/youth clients.

A secondary area I have not been able to explore within the parameters of this thesis project was the organizational structure of institutions that currently embrace hands-off practices. I would like to gain knowledge in how aggressive behaviour and crisis are managed, and learn about what alternatives are used in order to achieve safety for children/youth and the staff. I believe an exploration of these practices and information about their effectiveness can have potential for contributing to conversations at a larger systems level to address standards of practice within individual agencies. To complement this area of curiosity, I believe there is merit in comparing and contrasting children/youth's experiences of hand-off residential environments with those of programs that have instituted policies to utilize physical containments in crisis situations.

Final questions I would like to explore are: "What are the alternatives to treatment for individuals who experience various challenges in their lives? Do individuals who encounter struggles that affect their emotional well-being, need treatment to achieve healing? What are some alternative options to support this growth and support children/youth and families through difficult times? Are there holistic, spiritual or other forms of guidance, support and healing that can be embraced by CYC practitioners as methods that can be adapted into residential care facilities? Can treatment care facilities cease to exist, and if they do, what other programs,

systems, actions can be put in place as support systems that foster child/youth growth and development? Are there alternatives to healing that are currently practiced by workers with children/youth that not involve institutionalization? I would like to know about other modalities of healing that are not based in behavioural or medical models of care.

References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders V*. Washington: APA.

Bion, W. (1962). *Learning From Experience*. London, UK: Heinemann.

Bochner, A. P. (2012). On first-person narrative scholarship. *Narrative Inquiry*. 22(1), pp.155-164.

Bonner, T., Lowe, D., Rawcliffe, D. & Wellman, N. (2002). Trauma for all: A pilot study of the subjective experience of physical restraint for mental health inpatients and staff in the UK. *Journal of Psychiatric and Mental Health Nursing*, *9*, 465-473.

Ellis, C., Adams, T.E., & Bochner, A.P. (2011). Autoethnography: An overview. *Forum: Qualitative Social Research, 12*(1), Retrieved from www.qualitative-research.net/index/php/fqs/article/view/1589/3095

Ellis, C. & Bochner, A.P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In Denzin, N.K. & Lincoln, Y. (Eds.), *Handbook of Qualitative Research* (2nd ed.) Thousand Oaks, CA: Sage Publications.

Foucault, M. (1972). *The archeology of knowledge.* (Sheridan Smith, Trans.). New York: Pantheon Books.

----. (1980). *Power/knowledge: Selected interviews and other writings 1972-1977.* C. Gordon, L. Marshall, J. Mephan and K. Soper (Eds.). New York, NY: Pantheon Books.

----. (1995). *Discipline and punish: The birth of the prison* (2nd ed.), (A. Sheridan, Trans.). New York, NY: Vintage Books.

----. (2000). The politics of health in the eighteenth century. In J. D. Faubion (Ed.), *Power, essential works of Foucault 1954-1984, vol. 3,* (pp.90-105). New York, NY: The New Press.

----. (2004). *Madness and Civilization: A history of insanity in the age of reason.* (Ed. and Trans. by R. Howard). London, UK: Routledge.

Fuery, P. & Mansfield, N. (2000). *Cultural studies and critical theory*. City?, AU: Oxford University Press.

Garfat, T. (2009). Relational aspects of control within. *Reclaiming Children and Youth*, *17*(4), 13-15.

Garfat, T. & Fulcher, L. (2011). Characteristics of a child and youth care approach. *Relational Child and Youth Care Forum, 24*(1-2), 7-19.

Gharabaghi, K. (2010). Three profoundly stupid ideas. *Online Journal of International Child and youth Care Network (CYC-Net), 138*(August), Retrieved from www.cyc-net.org/cyc-online-aug2010-gharabaghi.html

----. (2011). A child and youth care approach to residential care management. *Relational Child and Youth Care Forum, 24*(1-2), 133-141.

----. (2014). The purpose of youth work. In *With children and youth: Emerging theories and practices in child and youth care work* (pp. 3-24). Waterloo, ON: Wilfred Laurier University Press.

Jones, S. H., Adams, T. & Ellis, C. (2013). Introduction: Coming to know autoethnography. In S.H. Jones, T. Adams & C. Ellis (Eds.), *Handbook of autoethnography*. Walnut Creek, CA: Left Coast Press.

Krueger, M (1991). A review and analysis of the development of professional child and youth care work. *Child and Youth Care Forum*, *20*(6), 379-386.

----. (2005). A reading of "Captured by capital: Youth work and the loss of revolutionary potential" by someone involved in the revolution. *Child & Youth Care Forum*, *34*(2), 159-162.

----. (2005). Four themes in youth work practice. *Journal of Community Psychology*, *33*(1), 21-29.

----. (2007). *Sketching youth, self, and youth work.* Rotterdam, NL: Sense Publishers.

MacLeod, C. (2002). Deconstructive discourse analysis: Extending the methodological conversation. *South African Journal of Psychology*, *32*(1), 17- 25.

Mohr, W. K., & Anderson, J. A. (2001). Faulty assumptions associated with the use of restraints with children. *Journal of Child & Adolescent Psychiatric Nursing*, *14*(3), 141-151.

Mohr, W.K., Mahon, M.M. & Noone, M.J. (1998). A restraint on restraints: The need to reconsider the use of restrictive interventions. *Archives of Psychiatric Nursing*, *12*(2), 95-106.

Parker, I. (1990). Definitions and contradictions. *Philosophical Psychology*, *3*(2/3), 189.

----. (1992). *Discourse dynamics: Critical analysis for social and individual psychology*. London, UK: Routledge.

Parker, I. (2013). Discourse analysis: Dimensions of critique in psychology. *Qualitative Research in Psychology, 10*(3), 223-239.

Parris, D. (2010). Dispelling the myth. *Relational Child and Youth Care Practice, 23*(2), 4-14.

Perry, B.D. (1997). Incubated in terror: Neurodevelopmental factors. In J. Osofsky (Ed.) *The 'cycle of violence', in children, youth and violence: The search for solutions* (pp. 124-148). New York, NY: Guilford Press.

----. (2000). The neurodevelopmental cost of adverse childhood events. In K. Franey, B. Geffner, and R. Falconer (Eds.), *The cost of child maltreatment: Who pays? We all do*? (p. 253). San Diego, CA: Howorth Press.

Perry, B.D. (2008). Introduction to the neurosequential model of therapeutics: A neurodevelopmentally-informed approach to clinical work with maltreated children. In *Reclaiming children and youth: The journal of strength-based interventions.*

Phelan, J. (2014). Thinking through a relational and developmental lens. In *With children and youth: Emerging theories and practices in child and youth care work*. (pp. 81-100). Waterloo, ON: Wilfred Laurier University Press.

Ruch, G. (2007). Reflective practice in contemporary child-care social work: The role of containment. *British Journal of Social Work, 37,* 659-680.

Schirato, T., Danaher, G. & Webb, J. (2012). "Governmentality". In *Understanding Foucault: A critical introduction* (2nd ed) (pp. 67-101). London, UK: Sage Publications.

Skott-Myhre, K. & Skott-Myhre, H.A. (2010). Theorizing and applying child and youth care praxis as politics of care. *Relational Child and Youth Care Practice*. *24*(1-2), 42-52.

Skott-Myhre, H.A. (2005). Captured by capital: youth work and the loss of revolutionary potential. *Child & Youth Care Forum, 34* (2), 141-157.

----. (2008). *Youth and subculture as creative force: Creating new spaces for radical youth work*. Toronto, ON: University of Toronto Press.

----. (2012). Fleeing identity: towards a revolutionary politics of relationship. *Child and Youth Services, 33*(3-4), 345-353.

----. (2013). Tilting at windmills: The professionalization of CYC. *CYC-Online, 172*(June), Retrieved from www.cyc-net.org/cyc-online/jun2013.pdf#page=19

Steinberg, R.S. (2012). "Introduction." In Skott-Myhre, K., Weima, K., Gibbs, H. (Eds.) *Writing the family: Women, auto-ethnography and family work*. Rotterdam, NL: Sense Publishing.

Steckley, L. (2010). Containment and holding environments: Understanding and reducing physical restraint in residential care. *Children and Youth Services Review, 32*, 120-128.

----. (2012). Touch, physical restraint and therapeutic containment in residential child care. *British Journal of Social Work, 42*, 537-555.

Stocker, B. (2006). *Routledge philosophy guidebook to: Derrida on deconstruction*. London, UK: Routledge Taylor & Francis.

Stuart, C. (2014). Developing the profession from adolescence into adulthood. In *With children and youth: Emerging theories and practices in child and youth care work* (pp. 57-80). Waterloo, ON: Wilfred Laurier University Press.

Villani, V.S., Parsons, A. E., Church, Robin P. & Beetar, J.T. (2012). A descriptive study of the use of restraints and seclusion in a special education school. *Child Youth Care Forum, 41*, 295-309.

Watkins, M. & Shulman, H. (2008). *Toward psychologies of liberation*. London, UK: Palgrave Macmillan.